

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Stephanie Herseth Sandlin for South Dakota

ADDRESS (number and street) PO Box 2009  
 Check if different than previously reported. (ACC)  
Sioux Falls SD 57101

2. **FEC IDENTIFICATION NUMBER** C00367631  
**CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
SD 00

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 [ ] [ ] [ ] in the State of [ ]  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [ ] [ ] [ ] in the State of [ ]

5. Covering Period 04 01 2007 through 06 30 2007

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 Craig Schaunaman

Signature of Treasurer Electronically Filed by Craig Schaunaman Date 07 23 2007

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

Stephanie Herseth Sandlin for South Dakota

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	157527.50	349223.39
(b) Total Contribution Refunds (from Line 20(d)).....	705.00	705.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	156822.50	348518.39
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	66770.86	183922.03
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	839.02
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	66770.86	183083.01
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>420345.99</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	

**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 02/2003)

Write or Type Committee Name  
Stephanie Herseth Sandlin for South Dakota

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

**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).....

48122.83

118390.83

(ii) Unitemized.....

11823.00

25450.89

(iii) TOTAL of contributions

59945.83

143841.72

from individuals..... ▶

0.00

50.00

(b) Political Party Committees.....

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

97581.67

205331.67

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

157527.50

349223.39

(add Lines 11(a)(iii), (b), (c), and (d))

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

(add Lines 13(a) and (b)).....

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

0.00

839.02

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

928.89

2846.81

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

158456.39

352909.22

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	66770.86	183922.03
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.....	705.00	705.00
(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)).....	705.00	705.00
21. OTHER DISBURSEMENTS.....	0.00	16000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	67475.86	200627.03

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	329365.46
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	158456.39
25. SUBTOTAL (add Line 23 and Line 24).....	487821.85
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	67475.86
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	420345.99

**CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)**  
**(Millionaires' Amendment)**

<b>Name of Candidate</b>		<b>Candidate ID Number</b>	
Stephanie Herseth Sandlin		H2SD00092	
<b>Name of Principal Campaign Committee</b>		<b>Committee ID Number</b>	
Stephanie Herseth Sandlin for South Dakota		C C00367631	
<b>Committee Address</b>			
PO Box 2009			
<b>City</b>	<b>State</b>	<b>ZIP</b>	
Sioux Falls	SD	57101	
Report Covering Period (check one) <input checked="" type="checkbox"/> through June 30, or <input type="checkbox"/> through December 31 of the year preceding the year of the general election			
	<b>Primary</b>	<b>General</b>	
1. Gross receipts of authorized committees .....	338678.22	11800.00	
2. Aggregate amount of contributions from personal funds of the candidate .....	0.00	0.00	
3. Gross receipts minus the candidate's personal contributions .....	338678.22	11800.00	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
Stephanie Herseth Sandlin for South Dakota

**A.** Full Name (Last, First, Middle Initial)  
Barry Akrongold

Mailing Address 145 E 74th Street #7C

City State Zip Code  
New York NY 10021

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

Name of Employer Occupation  
Fortune Financial Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 3 / 2 0 0 7

Transaction ID: C38854

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Bess Aman

Mailing Address 38334 133rd Street

City State Zip Code  
Aberdeen SD 57401

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 0 7

Transaction ID: C39013

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Thomas Aman

Mailing Address 379754 South Shore Dr.

City State Zip Code  
Aberdeen SD 57407

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

Name of Employer Occupation  
Self-Employed Consultant, TDA Enterprises

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 0 7

Transaction ID: C38980

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. Amanda Amert</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2007
Mailing Address 300 W. Grand Ave. #603		<b>Transaction ID: C39008</b>
City Chicago	State IL	Zip Code 60610
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Jenner and Block LLP	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Anonymous Anonymous</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2007
Mailing Address NA		<b>Transaction ID: C39213</b>
City NA		State SD
Zip Code 00000-0000		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer NA	Occupation NA	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 370.00	

Full Name (Last, First, Middle Initial) <b>C. Anonymous Anonymous</b>		Date of Receipt MM / DD / YYYY 06 / 06 / 2007
Mailing Address NA		<b>Transaction ID: C39212</b>
City NA		State SD
Zip Code 00000-0000		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer NA	Occupation NA	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 370.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. Anonymous Anonymous</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 07 / 2007	
Mailing Address NA NA		<b>Transaction ID: C39211</b>	
City State Zip Code NA SD 00000-0000		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer NA Occupation NA			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 370.00	

Full Name (Last, First, Middle Initial) <b>B. Anonymous Anonymous</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 11 / 2007	
Mailing Address NA NA		<b>Transaction ID: C39206</b>	
City State Zip Code NA SD 00000-0000		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer NA Occupation NA			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 370.00	

Full Name (Last, First, Middle Initial) <b>C. Anonymous Anonymous</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 11 / 2007	
Mailing Address NA NA		<b>Transaction ID: C39207</b>	
City State Zip Code NA SD 00000-0000		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer NA Occupation NA			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 370.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. Anonymous Anonymous</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address NA NA		<b>Transaction ID: C39209</b>	
City State Zip Code NA SD 00000-0000		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer NA Occupation NA			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 370.00	

Full Name (Last, First, Middle Initial) <b>B. Anonymous Anonymous</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 7 / 2 0 0 7	
Mailing Address NA NA		<b>Transaction ID: C39208</b>	
City State Zip Code NA SD 00000-0000		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer NA Occupation NA			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 370.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Anthony C. Arend</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 7	
Mailing Address 1301 33rd Street NW Apartment #1		<b>Transaction ID: C38840</b>	
City State Zip Code Washington DC 20007		Amount of Each Receipt this Period 700.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Georgetown University Occupation Professor			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	770.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. James Jay Baker</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address 1111 19 Street NW 11th Floor		<b>Transaction ID: C39124</b>
City Washington State DC Zip Code 20036	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer James Jay Baker & Assoc Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Partner Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Eli Benson</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 7
Mailing Address 40 E 61st St Apt 11A		<b>Transaction ID: C38859</b>
City New York State NY Zip Code 10021	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Harbinger Capital Partners Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation VP Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Lisa Berg</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 7
Mailing Address 235 W 76th St Apt 4E		<b>Transaction ID: C38856</b>
City New York State NY Zip Code 10023	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Homemaker Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. Kenneth Berlin</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 7106 Arrowood Road		<b>Transaction ID: C39143</b>	
City State Zip Code Bethesda MD 20817		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Skadden, Arps, Slate, Meagher & Fi Occupation Attorney		Election Cycle-to-Date ▼ 250.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Elana Bourkoff</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 7	
Mailing Address 25 East 83rd Street		<b>Transaction ID: C38860</b>	
City State Zip Code New York NY 10028		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer UBS Securities Occupation		Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Katharine R. Boyce</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 7	
Mailing Address 106 W. Rosemont Avenue		<b>Transaction ID: C38839</b>	
City State Zip Code Alexandria VA 22301		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Patton Boggs, LLP Occupation Attorney		Election Cycle-to-Date ▼ 500.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. Robert Boyt</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 2 / 2 0 0 7	
Mailing Address P O Box 2210		<b>Transaction ID: C38792</b>	
City State Zip Code Sioux Falls SD 57101		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Boyt Investment Co General Manager			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Charles M. Brain</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 7 / 2 0 0 7	
Mailing Address 6529 Ivy Hill Drive		<b>Transaction ID: C39152</b>	
City State Zip Code McLean VA 22101		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Capitol Hill Strategies Legislative Consultant			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Elizabeth Buntrock</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address 521 E Las Olas Blvd		<b>Transaction ID: C39071</b>	
City State Zip Code Fort Lauderdale FL 33301-2232		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation FLOWARD INC Owner			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

**A.** Full Name (Last, First, Middle Initial)  
Charles Burke

Mailing Address 330 Mary Lane

City Pierre State SD Zip Code 57501

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 17 / 2007

**Transaction ID: C38813**

Amount of Each Receipt this Period  
 50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Charles Burke

Mailing Address 330 Mary Lane

City Pierre State SD Zip Code 57501

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 05 / 2007

**Transaction ID: C38912**

Amount of Each Receipt this Period  
 100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Duane Connell

Mailing Address P O Box 446

City New Vernon State NJ Zip Code 07976

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

Name of Employer The Connell Company Occupation Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 03 / 2007

**Transaction ID: C38865**

Amount of Each Receipt this Period  
 2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2150.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

**A.** Full Name (Last, First, Middle Initial)  
Shane Connell

Mailing Address 119 Mosle Rd

City State Zip Code  
Far Hills NJ 07931

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

Name of Employer Occupation  
The Connell Company Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 03 / 2007

**Transaction ID: C38866**

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Ted Connell

Mailing Address One Connell Drive

City State Zip Code  
Berkeley Heights NJ 07922

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

Name of Employer Occupation  
Connell Company Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 03 / 2007

**Transaction ID: C38864**

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
John Cowles, Jr.

Mailing Address 155 Fifth Avenue South; Suite 100

City State Zip Code  
Minneapolis MN 55401

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 26 / 2007

**Transaction ID: C39067**

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **5000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

<b>A.</b> Full Name (Last, First, Middle Initial) Terry Craft Mailing Address 205 W Hazeltine Lane City State Zip Code Sioux Falls SD 57108 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7 <b>Transaction ID: C38871</b> Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Craft & Associates Owner Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

<b>B.</b> Full Name (Last, First, Middle Initial) J. Michael Dady Mailing Address 1415 Summit Avenue City State Zip Code Saint Paul MN 55105 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7 <b>Transaction ID: C39010</b> Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Dady & Garner, PA Attorney Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Thomas M. Dean Mailing Address 602 1st Street, N.E. Box 335 City State Zip Code Wessington Springs SD 57382 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 7 <b>Transaction ID: C38803</b> Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Horizon Health Physician Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

**A.** Full Name (Last, First, Middle Initial)  
Diana Donahoe

Mailing Address 7604 Arrowood Road

City State Zip Code  
Bethesda MD 20817

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

Name of Employer Georgetown University Law Center  
Occupation Professor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 7

**Transaction ID: C38834**

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Dana Dykhouse

Mailing Address 6907 W. Sagamore Circle

City State Zip Code  
Sioux Falls SD 57106

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

Name of Employer First Premier Bank  
Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 7

**Transaction ID: C38950**

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 165 West End Ave

City State Zip Code  
New York NY 10023

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

Name of Employer iExchange.com  
Occupation VP

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 3 / 2 0 0 7

**Transaction ID: C38857**

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2000.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

<b>A.</b> Full Name (Last, First, Middle Initial) Paul A Equale Mailing Address 11400 Spur Wheel Lane City Potomac State MD Zip Code 20854 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 7 <b>Transaction ID: C38876</b> Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer: Equale & Associates Occupation: Consultant Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Dwight Fettig Mailing Address 8506 Postoak Road City Potomac State MD Zip Code 20854 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 7 <b>Transaction ID: C38880</b> Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer: Freddie Mac Occupation: Director, Congressional Relations Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Van Fishback Mailing Address 501 8th Street City Brookings State SD Zip Code 57006 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 7 <b>Transaction ID: C38851</b> Amount of Each Receipt this Period 2000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer: Self Occupation: Banker Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

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

Mailing Address 3467 Mildred Drive

City Falls Church State VA Zip Code 22042

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

Name of Employer Georgetown University Occupation Assistant to the President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 7

**Transaction ID: C38828**

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
James C. Free

Mailing Address 2525 Belmont Road NW

City Washington State DC Zip Code 20008

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

Name of Employer Smith Free Group Occupation CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 448.40

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 0 7

**Transaction ID: C39216**

Amount of Each Receipt this Period  
448.40

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

\* In-Kind: Food for fundraiser

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

Mailing Address 5109 Scarsdale Road

City Bethesda State MD Zip Code 20816

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

Name of Employer Hunton & Williams Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2004.43

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 7

**Transaction ID: C38842**

Amount of Each Receipt this Period  
800.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1498.40
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

**A.** Full Name (Last, First, Middle Initial)  
Frederick Graefe

Mailing Address 5109 Scarsdale Road

City State Zip Code  
Bethesda MD 20816

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

Name of Employer Occupation  
Hunton & Williams Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2004.43

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 7

Transaction ID: C38867

Amount of Each Receipt this Period  
204.43

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

\* In-Kind: Tables Rented

**B.** Full Name (Last, First, Middle Initial)  
Roger L Hale

Mailing Address 41 W Island Ave

City State Zip Code  
Minneapolis MN 55401

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

Name of Employer Occupation  
N/A retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 6 / 2 0 0 7

Transaction ID: C39068

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Christine Hamilton

Mailing Address PO Box 166

City State Zip Code  
Kimball SD 57355

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

Name of Employer Occupation  
Self Farmer

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 7

Transaction ID: C38827

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>954.43</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

**A.** Full Name (Last, First, Middle Initial)  
Chris Hansen

Mailing Address 40528 168th Street

City Doland State SD Zip Code 57436-6405

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

Name of Employer Self Occupation Farmer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 0 6 / 2 0 0 7

**Transaction ID: C38948**

Amount of Each Receipt this Period  
 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Marc Hayem

Mailing Address 248 E 94th St

City New York State NY Zip Code 10128

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

Name of Employer IDT Occupation Engineer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 0 3 / 2 0 0 7

**Transaction ID: C38858**

Amount of Each Receipt this Period  
 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Bryce Healy

Mailing Address 819 Cherry Drive

City Pierre State SD Zip Code 57501

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

Name of Employer SDEA Occupation Executive Director

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 0 4 / 2 0 0 7

**Transaction ID: C38888**

Amount of Each Receipt this Period  
 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. Robert Hickmott</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7	
Mailing Address 316 Fifth Street SE		<b>Transaction ID: C38872</b>	
City State Zip Code Washington DC 20003-2048	Amount of Each Receipt this Period 500.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer The Smith-Free Group	Occupation Senior Vice President		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Audrey Horne</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7	
Mailing Address 3 Williamsburg Court		<b>Transaction ID: C39138</b>	
City State Zip Code Wheeling WV 26003	Amount of Each Receipt this Period 500.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer N/A	Occupation Retired		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Dr. Michael Houk</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 7	
Mailing Address 1704 S Cleveland Ave		<b>Transaction ID: C38954</b>	
City State Zip Code Sioux Falls SD 57103	Amount of Each Receipt this Period 250.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	Occupation Dentist		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. Sandy Jerstad</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 7	
Mailing Address 19 Riverview Heights		<b>Transaction ID: C38791</b>	
City State Zip Code Sioux Falls SD 57105		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired	Occupation Professor/ Coach Augustana College		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. David W. Johnson</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7	
Mailing Address 409 3rd St. NW		<b>Transaction ID: C38919</b>	
City State Zip Code Watertown SD 57201		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Reliabank	Occupation Executive		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Jeanne Kelly</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address 2485 Broadmoor Court		<b>Transaction ID: C39073</b>	
City State Zip Code Rapid City SD 57702		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self-Employed	Occupation Attorney		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) A. Gail A. Klein		Date of Receipt MM / DD / YYYY 06 / 05 / 2007
Mailing Address 5515 S. Seabrook Circle		Transaction ID: C38921
City Sioux Falls	State SD	Zip Code 57108
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer VA Hospital	Occupation Physician	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Albert Kranzler		Date of Receipt MM / DD / YYYY 06 / 05 / 2007
Mailing Address 808 Christine Ave., No. 206		Transaction ID: C38918
City Brookings	State SD	Zip Code 57006
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer NA	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1358.00	

Full Name (Last, First, Middle Initial) C. Dennis K. Larson		Date of Receipt MM / DD / YYYY 06 / 26 / 2007
Mailing Address P.O. Box 592		Transaction ID: C39070
City Groton	State SD	Zip Code 57445-0592
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer L&S Agency Inc. / self	Occupation Farm Crop Insurance Agent	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

<b>A.</b> Full Name (Last, First, Middle Initial) Richard Linhart		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 7	
Mailing Address 188 E 78th Street Apt 22B		<b>Transaction ID:</b> C38852	
City State Zip Code New York NY 10021		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Opus Capital LLC President			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Christopher M. Long		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 7 / 2 0 0 7	
Mailing Address 8200 Greensboro Drive Suite 525		<b>Transaction ID:</b> C39162	
City State Zip Code McLean VA 22102		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Washington Resource Associates President			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Lowell Macy		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 5 / 2 0 0 7	
Mailing Address 31338 - 463rd Avenue		<b>Transaction ID:</b> C38922	
City State Zip Code Vermillion SD 57069-6737		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Self Pharmacist			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A.</b> William McCann		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 300 Massachusetts Avenue NW, Apt.		<b>Transaction ID:</b> C38829
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer SMI Incorporated	Occupation Program Manager	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Alice McInerney		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 3 / 2 0 0 7
Mailing Address 510 E 86th Street #11B		<b>Transaction ID:</b> C38821
City New York	State NY	Zip Code 10028-7504
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Kirby, McInerney & Squire LLP	Occupation attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dean A Meinen		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address 314 D Street SE		<b>Transaction ID:</b> C39159
City Washington	State DC	Zip Code 20002
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer SMI Inc.	Occupation Program Manager	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

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

Mailing Address 621 South Duff

City Mitchell State SD Zip Code 57301

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

Name of Employer Dakota Wesleyan Occupation Teacher

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 0 7

**Transaction ID: C38823**

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Dennis Mitchell

Mailing Address 39831 117th Street

City Houghton State SD Zip Code 57449

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

Name of Employer Self-Employed Occupation Farmer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 7

**Transaction ID: C39066**

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
James Navin

Mailing Address 5287 Poola Street

City Honolulu State HI Zip Code 96821

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

Name of Employer CYTOPATH INC Occupation PATHOLOGISTS

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 900.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 7 / 2 0 0 7

**Transaction ID: C38810**

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

**A.** Full Name (Last, First, Middle Initial)  
Joshua H. Neuman

Mailing Address Bear Stearns Merchant Banking  
383 Madison Avenue, 40th Floor

City State Zip Code  
New York NY 10179

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

Name of Employer Occupation  
Bear Stearns & Co. Inc. Senior Associate

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 03 / 2007

**Transaction ID: C38853**

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Rob Ronayne

Mailing Address 2505 Pheasant Run Blvd.

City State Zip Code  
Aberdeen SD 57401

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

Name of Employer Occupation  
Ronayne and Wein, LLP Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 05 / 2007

**Transaction ID: C38891**

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Keith Rosenbloom

Mailing Address 800 5th Ave 14C

City State Zip Code  
New York NY 10021

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

Name of Employer Occupation  
CARE Capital Group Managing Member

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 03 / 2007

**Transaction ID: C38861**

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

**A.** Full Name (Last, First, Middle Initial)  
Tamara L. Schroeder

Mailing Address 5000 Drexel Dr

City State Zip Code  
Sioux Falls SD 57106

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

Name of Employer Occupation  
Musicvend Inc. GM

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 07 / 2007

Transaction ID: C38955

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Dan Scott

Mailing Address 3704 E Freda Cir

City State Zip Code  
Sioux Falls SD 57103

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

Name of Employer Occupation  
Sioux Falls Development Foundation Developer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 05 / 2007

Transaction ID: C38920

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 5737 S Blackstone Avenue

City State Zip Code  
Chicago IL 60637

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

Name of Employer Occupation  
Constructure Aggregates Corp. Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
700.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 26 / 2007

Transaction ID: C39061

Amount of Each Receipt this Period  
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>950.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. James Sperry</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 7
Mailing Address 13376 Sperry Lane		<b>Transaction ID: C38949</b>
City Bath State SD Zip Code 57427	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self-employed	Occupation Farmer/Retired	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Shanti L. Stanton</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address 3219 McKinley Street NW		<b>Transaction ID: C39155</b>
City Washington State DC Zip Code 20015	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Elmendorf Strategies LLC	Occupation Legislative Consultant	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Jane Stetson</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address 139 Elm Street		<b>Transaction ID: C39065</b>
City Norwich State VT Zip Code 05005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer self	Occupation Investor	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A.</b> Ralph Stiles		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address 1706 Marshall Road		Transaction ID: C38873
City Aberdeen State SD Zip Code 57401	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer N/A Occupation Retired	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Bayard T. Storey		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address 1919 Brandywine Street		Transaction ID: C39012
City Philadelphia State PA Zip Code 19130	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer University of Pennsylvania Occupation Professor (Emeritus)	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Duane Struck		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address 20601 - 385th Ave.		Transaction ID: C39085
City Wolsey State SD Zip Code 57384	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Occupation Farmer	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

**A.** Full Name (Last, First, Middle Initial)  
Duane Struck

Mailing Address 20601 - 385th Ave.

City State Zip Code  
Wolsey SD 57384

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

Name of Employer Self Occupation Farmer

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 7 / 2 0 0 7

Transaction ID: C39126

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Viejas Tribal Government

Mailing Address 1 Viejas Grade Road

City State Zip Code  
Alpine CA 91901

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

Name of Employer Tribe Occupation Tribe

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 6 / 2 0 0 7

Transaction ID: C39142

Amount of Each Receipt this Period  
4600.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Anne Urban

Mailing Address 113 Grafton Street

City State Zip Code  
Chevy Chase MD 20815

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

Name of Employer Venn Strategies, LLC Occupation Principal

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 2 / 2 0 0 7

Transaction ID: C38875

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4950.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

**A.** Full Name (Last, First, Middle Initial)  
Cathy Vanderwal-Rounds

Mailing Address 1600 Blair Hill Circle

City State Zip Code  
Brookings SD 57006

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

Name of Employer Occupation  
Rounds Construction Inc. Contractor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 2 / 2 0 0 7

Transaction ID: C38879

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
George Waters

Mailing Address 235 Massachusetts Avenue NE # 300

City State Zip Code  
Washington DC 20002

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

Name of Employer Occupation  
Self Consultant

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 7

Transaction ID: C38837

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Spencer Waxman

Mailing Address 350 Central Park West

City State Zip Code  
New York NY 10025

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

Name of Employer Occupation  
The SAG Harbor Group

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 3 / 2 0 0 7

Transaction ID: C38855

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 33 / 99	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<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)  
Stephanie Herseth Sandlin for South Dakota

**A.** Full Name (Last, First, Middle Initial)  
Buck Williams

Mailing Address 15213 N Cameo Dr

City	State	Zip Code
Sun City	AZ	85351

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

Name of Employer retired	Occupation retired
-----------------------------	-----------------------

Receipt For: 2008  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	1	/	2	0	0	7

Transaction ID: C39011

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	48122.83

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 99
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<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)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. ActBlue</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 09 / 2007	
Mailing Address P.O. Box 382110		<b>Transaction ID: C38801</b>	
City State Zip Code Cambridge MA 02238	Amount of Each Receipt this Period 81.67		
FEC ID number of contributing federal political committee. <b>C</b> C00401224		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 81.67		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. AFLAC Incorporated Political Action Committee</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 22 / 2007	
Mailing Address 1932 Wynnton Road		<b>Transaction ID: C38877</b>	
City State Zip Code Columbus GA 31999	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00034157		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 2000.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Altria Group PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 27 / 2007	
Mailing Address 120 Park Avenue		<b>Transaction ID: C39176</b>	
City State Zip Code New York NY 10017	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00089136		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 1000.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2081.67
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 99
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<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)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address 1120 Connecticut Avenue, NW		<b>Transaction ID: C39165</b>
City Washington State DC Zip Code 20036	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00004275	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. American Chiropractic Association PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address 1701 Clarendon Blvd. 2nd Floor		<b>Transaction ID: C39183</b>
City Arlington State VA Zip Code 22209	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00102764	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. American Crystal Sugar Company PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address 101 North Third Street		<b>Transaction ID: C39139</b>
City Moorhead State MN Zip Code 56560	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00110338	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 99
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <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)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. American Health Care Association Political Action Committee</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 1201 L Street NW		<b>Transaction ID: C38870</b>
City Washington State DC Zip Code 20005	FEC ID number of contributing federal political committee. <b>C</b> C00006080	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>B. AMERICAN MARITIME OFFICERS VOLUNTARY POLITICAL ACTION FUND</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 2 West Dixie Highway		<b>Transaction ID: C38847</b>
City Dania Beach State FL Zip Code 33004	FEC ID number of contributing federal political committee. <b>C</b> C00027532	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. American Nurses Association PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address 600 Maryland Avenue, S.W. Suite 100 West		<b>Transaction ID: C39158</b>
City Washington State DC Zip Code 20024	FEC ID number of contributing federal political committee. <b>C</b> C00017525	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 1000.00		

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

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

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

FOR LINE NUMBER: PAGE 37 / 99  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial)  
**A. AMERICAN POSTAL WORKERS UNION COMMITTEE ON POLITICAL ACTION**  
 Mailing Address 1300 L Street NW  
 City State Zip Code  
 Washington DC 20005  
 FEC ID number of contributing federal political committee. **C** C00010322  
 Name of Employer Occupation  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 2 6 / 2 0 0 7  
**Transaction ID: C39123**  
 Amount of Each Receipt this Period  
 2500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)  
**B. AMERICAN SHEEP INDUSTRY ASSOCIATION INC RAMS PAC**  
 Mailing Address 9785 S MAROON CIRCLE SUITE 360  
 City State Zip Code  
 CENTENNIAL CO 80112  
 FEC ID number of contributing federal political committee. **C** C00043059  
 Name of Employer Occupation  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 2 6 / 2 0 0 7  
**Transaction ID: C39115**  
 Amount of Each Receipt this Period  
 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)  
**C. AMERICAN SURGICAL HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE**  
 Mailing Address P.O. Box 23220  
 City State Zip Code  
 San Diego CA 92193  
 FEC ID number of contributing federal political committee. **C** C00394163  
 Name of Employer Occupation  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 2 7 / 2 0 0 7  
**Transaction ID: C39187**  
 Amount of Each Receipt this Period  
 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4500.00**  
**TOTAL** This Period (last page this line number only) ..... ▶

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 99
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<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)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. American Veterinary Medical</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address Political Action Committee 1101 Vermont Avenue NW, Suite 710		Transaction ID: C38845
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. <b>C</b> C00114132		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN WIND ENERGY ASSOCIATION POLITICAL ACTION COMMITTEE (WINDPAC)</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address 1101 14TH STREET NW 12TH FLOOR		Transaction ID: C39178
City WASHINGTON	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. <b>C</b> C00259572		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Association of Trial Lawyers of American PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 1050 31st Street, N.W.		Transaction ID: C38848
City Washington	State DC	Zip Code 20007
FEC ID number of contributing federal political committee. <b>C</b> C00024521		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3500.00	

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 99
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<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)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. ASSURANT INC. POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7
Mailing Address 501 W. Michigan St. PO BOX 3050		<b>Transaction ID: C38825</b>
City Milwaukee State WI Zip Code 53203	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00185694</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T Federal PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 1133 21st Steet, NW Suite 900		<b>Transaction ID: C38881</b>
City Washington State DC Zip Code 20036	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. <b>C c00109017</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>C. AUCTION MARKETS POLITICAL ACTION COMMITTEE OF THE CHICAGO BOARD OF TRADE</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address 1455 Pennsylvania Avenue, NW Suite 1225		<b>Transaction ID: C39119</b>
City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. <b>C C00059832</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 99
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<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)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. Bricklayers and Allied Craftworkers</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7
Mailing Address Political Action Committee Qualifi 620 F Street NW		Transaction ID: C38824
City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00003632		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation	Election Cycle-to-Date ▼ 2500.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Carpenters' Legislative Improvement Committee</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 7
Mailing Address 101 Constitution Avenue, N.W.		Transaction ID: C38951
City Washington State DC Zip Code 20001	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00001016		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation	Election Cycle-to-Date ▼ 2500.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. CHICAGO BOARD OF OPTIONS EXCHANGE INC PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address 400 S. LaSalle Street		Transaction ID: C39110
City Chicago State IL Zip Code 60605	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00100693		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation	Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 99  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

**A.** Full Name (Last, First, Middle Initial)  
CIGNA CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address Two Liberty Place-TL06E  
1601 Chestnut St

City Philadelphia State PA Zip Code 19192

FEC ID number of contributing federal political committee. **C** C00085316

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 7 / 2 0 0 7

**Transaction ID:** C39177

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
CME/PAC CHICAGO MERCANTILE EXCHANGE INC PAC

Mailing Address 20 SOUTH WACKER DRIVE

City CHICAGO State IL Zip Code 60606

FEC ID number of contributing federal political committee. **C** C00076299

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 7 / 2 0 0 7

**Transaction ID:** C39156

Amount of Each Receipt this Period  
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
COALPAC A POLITICAL ACTION COMMITTEE OF THE NATIONAL MINING ASSOCIATION

Mailing Address 101 Constitution Ave NW 500 East  
Suite 500 East

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00109819

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 7 / 2 0 0 7

**Transaction ID:** C39180

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

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

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

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

FOR LINE NUMBER: PAGE 42 / 99  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

**A.** Full Name (Last, First, Middle Initial)  
COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

Mailing Address 1350 I Street NW  
Suite 590

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00274944

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 0 7

**Transaction ID:** C39175

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Credit Union Legislative Action Council of CUNA

Mailing Address 601 Pennsylvania Avenue NW  
South Building, Suite 600

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 0 7

**Transaction ID:** C39215

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
DAIRY FARMERS OF AMERICA INC DEPAC (DAIRY EDUCATION POLITICAL ACTION COMMITTEE)

Mailing Address PO Box 909700

City State Zip Code  
Kansas City MO 64190

FEC ID number of contributing federal political committee. **C** C00001388

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 0 7

**Transaction ID:** C39150

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 99
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <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)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOTIVE DEALERS ASSOCIATION</b>		Date of Receipt
Mailing Address 8400 Westpark Drive		M M / D D / Y Y Y Y Y 06 / 27 / 2007
City	State	Zip Code
McLean	VA	22102
FEC ID number of contributing federal political committee.		Transaction ID: C39168
C C00040998		Amount of Each Receipt this Period
		1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008	Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	1000.00	

Full Name (Last, First, Middle Initial) <b>B. FARM CREDIT COUNCIL POLITICAL ACTION COMMITTEE</b>		Date of Receipt
Mailing Address 50 F Street NW Suite 900		M M / D D / Y Y Y Y Y 04 / 16 / 2007
City	State	Zip Code
Washington	DC	20001
FEC ID number of contributing federal political committee.		Transaction ID: C38805
C C00193631		Amount of Each Receipt this Period
		2000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008	Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	3000.00	

Full Name (Last, First, Middle Initial) <b>C. FARM CREDIT COUNCIL POLITICAL ACTION COMMITTEE</b>		Date of Receipt
Mailing Address 50 F Street NW Suite 900		M M / D D / Y Y Y Y Y 04 / 30 / 2007
City	State	Zip Code
Washington	DC	20001
FEC ID number of contributing federal political committee.		Transaction ID: C38846
C C00193631		Amount of Each Receipt this Period
		1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008	Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	3000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 44 / 99  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

**A.** Full Name (Last, First, Middle Initial)  
FERT PAC (THE POLITICAL ACTION COMMITTEE OF THE FERTILIZER INSTITUTE)  
 Mailing Address 820 FIRST STREET NE SUITE 430  
UNION CENTER PLAZA  
 City State Zip Code  
WASHINGTON DC 20002  
 FEC ID number of contributing federal political committee. **C** C00085910  
 Name of Employer Occupation  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 8 / 2 0 0 7  
**Transaction ID:** C39140  
 Amount of Each Receipt this Period  
 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
FPL PAC FLORIDA POWER & LIGHT CO EMPLOYEES POLITICAL ACTION COMMITTEE  
 Mailing Address 700 Universe Blvd.  
P.O. BOX 14000  
 City State Zip Code  
Juno Beach FL 33408  
 FEC ID number of contributing federal political committee. **C** C00064774  
 Name of Employer Occupation  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 7 / 2 0 0 7  
**Transaction ID:** C39184  
 Amount of Each Receipt this Period  
 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
General Electric Company PAC  
 Mailing Address 1299 Pennsylvania Ave NW  
Suite 1100  
 City State Zip Code  
Washington DC 20004  
 FEC ID number of contributing federal political committee. **C** C00024869  
 Name of Employer Occupation  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 7 / 2 0 0 7  
**Transaction ID:** C39163  
 Amount of Each Receipt this Period  
 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 99
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<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)  
Stephanie Herseth Sandlin for South Dakota

**A.** Full Name (Last, First, Middle Initial)  
GREAT LAKES SUGARBEET GROWERS POLITICAL ACTION COMMITTEE

Mailing Address 4800 FASHION SQUARE BLVD  
#300 PLAZA N

City SAGINAW State MI Zip Code 48604

FEC ID number of contributing federal political committee. **C** C00384354

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 0 7

Transaction ID: C38802

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE

Mailing Address 101 Constitution Avenue NW  
Suite 500 West

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 7

Transaction ID: C39217

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
ICE CREAM, MILK & CHEESE PAC

Mailing Address 1250 H STREET N W  
SUITE 900

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00128231

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 0 7

Transaction ID: C39157

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 99
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<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)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. INDEPENDENT COMMUNITY BANKERS OF AMERICA POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address One Thomas Circle NW Suite 400		<b>Transaction ID: C39149</b>
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00032698		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>B. INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC.</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address 1350 New York Avenue NW Suite 900		<b>Transaction ID: C39166</b>
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00084491		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Jon Bouker</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 1050 Connecticut Ave. NW		<b>Transaction ID: C38831</b>
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00241380		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 47 / 99
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)  
Stephanie Herseth Sandlin for South Dakota

<b>A.</b> Full Name (Last, First, Middle Initial) Kyle McSlarrow		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address National Cable & Telecommunication 1724 Massachusetts Ave. NW		<b>Transaction ID:</b> C39186
City Washington State DC Zip Code 20036	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00010082		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) LIVESTOCK MARKETING ASSOCIATION POLITICAL ACTION COMMITTEE (LMA-PAC)		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 10510 NW Ambassador Drive		<b>Transaction ID:</b> C38849
City Kansas City State MO Zip Code 64153	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00244400		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Machinists Non-Partisan Political League		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address Multi Candidate Committee 9000 Machinists Place		<b>Transaction ID:</b> C38878
City Upper Marlboro State MD Zip Code 20772	Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00002469		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	9000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 99
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<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)  
Stephanie Herseth Sandlin for South Dakota

<b>A.</b> Full Name (Last, First, Middle Initial) Machinists Non-Partisan Political League		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7
Mailing Address Multi Candidate Committee 9000 Machinists Place		<b>Transaction ID:</b> C39053
City State Zip Code Upper Marlboro MD 20772	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00002469		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 5000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) MINEPAC A POLITICAL ACTION COMMITTEE OF THE NATIONAL MINING ASSOCIATION		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address 101 Constution Ave. NW 500 East Suite 500 East		<b>Transaction ID:</b> C39181
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00304634		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) MORGAN STANLEY POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address 1585 Broadway 39th Floor		<b>Transaction ID:</b> C39185
City State Zip Code New York NY 10036	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00337626		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

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

FOR LINE NUMBER: PAGE 49 / 99  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

**A.** Full Name (Last, First, Middle Initial)  
MORTGAGE BANKERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE

Mailing Address 1919 PENNSYLVANIA AVENUE NW

City State Zip Code  
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C00004812

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	7	/	2	0	0	7

**Transaction ID:** C39151

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Ms. Sally Veith

Mailing Address 901 15th Street, NW Suite 310

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00104802

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	8	/	2	0	0	7

**Transaction ID:** C39153

Amount of Each Receipt this Period  
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
National Air Traffic Controllers Association

Mailing Address 1325 Massachusetts Avenue, N.W.

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	7	/	2	0	0	7

**Transaction ID:** C39160

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 99
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<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)  
Stephanie Herseth Sandlin for South Dakota

**A.** Full Name (Last, First, Middle Initial)  
National Association of Insurance and Financial Advisors

Mailing Address 2901 Telestar Court

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 2 7 / 2 0 0 7

**Transaction ID:** C39179

Amount of Each Receipt this Period  
 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF WHEAT GROWERS POLITICAL ACTION COMMITTEE (WHEATPAC)

Mailing Address Patricia Buscholtz  
415 2nd Street NE

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00139964

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 2 6 / 2 0 0 7

**Transaction ID:** C39117

Amount of Each Receipt this Period  
 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL GRAIN AND FEED ASSOCIATION'S FUND FOR BETTER GOVERNMENT COMMITTEE

Mailing Address 1250 EYE STREET SUITE 1003

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00240226

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 2 6 / 2 0 0 7

**Transaction ID:** C39122

Amount of Each Receipt this Period  
 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 99
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<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)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. NATIONAL MILK PRODUCERS FEDERATION PAC (NMPF PAC)</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address 2101 WILSON BOULEVARD SUITE 400		<b>Transaction ID: C39116</b>	
City State Zip Code ARLINGTON VA 22201	Amount of Each Receipt this Period 500.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. <b>C</b> C00325324			
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. National Telephone Cooperative Association</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7	
Mailing Address 4121 Wilson Blvd 10th Floor		<b>Transaction ID: C39147</b>	
City State Zip Code Arlington VA 22203	Amount of Each Receipt this Period 2000.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. <b>C</b> C00004473			
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>C. National Thoroughbred Racing Association</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address 2525 Harrodsburg Road		<b>Transaction ID: C39120</b>	
City State Zip Code Lexington KY 40504	Amount of Each Receipt this Period 1000.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. <b>C</b> C00360008			
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 99
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<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)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A.</b> Nat'l Com. to Preserve Social Security & Medicare		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address 10 G Street NE Suite 600		Transaction ID: C39167
City Washington State DC Zip Code 20002-4215	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00172296		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> NCPA		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address 205 Daingerfield Road		Transaction ID: C39148
City Alexandria State VA Zip Code 22314	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00030809		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> New York Life Political Action Committee		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7
Mailing Address 51 Madison Avenue Room 1900		Transaction ID: C38868
City New York State NY Zip Code 10010	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00158881		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 8500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 99
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<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)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A.</b> New York Mercantile Exchange PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 7
Mailing Address 4 World Trade Center, Suite 744		Transaction ID: C38863
City State Zip Code New York NY 10048	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00230185		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> New York Mercantile Exchange PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address 4 World Trade Center, Suite 744		Transaction ID: C39112
City State Zip Code New York NY 10048	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00230185		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> NRA POLITICAL VICTORY FUND		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address 11250 Waples Mill Road		Transaction ID: C39111
City State Zip Code Fairfax VA 22030	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00053553		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 99
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<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)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. Olsson, Frank &amp; Weeda</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007
Mailing Address Fund for American Values PAC 1400 - 16th Street NW #400		Transaction ID: C39161
City Washington State DC Zip Code 20036-2220	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00359687		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. RAIN AND HAIL INSURANCE SOCIETY POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 26 / 2007
Mailing Address 9200 Northpark Drive Suite 300		Transaction ID: C39114
City Johnston State IA Zip Code 50131	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00279505		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. SAFARI CLUB INTERNATIONAL POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 26 / 2007
Mailing Address 4800 W. GATES PASS ROAD		Transaction ID: C39113
City TUCSON State AZ Zip Code 85745	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00122101		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 99
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<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)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. Sheet Metal Workers Int'l Assoc. PAL</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 7
Mailing Address 1750 New York Avenue, N.W.		Transaction ID: C38862
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00007542		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B. THRIVENT FINANCIAL FOR LUTHERANS-EMPLOYEE POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7
Mailing Address Post Office Box 1892		Transaction ID: C38890
City State Zip Code Appleton WI 54912	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00121319		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Transport Workers Union</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address 1700 Broadway 2nd Floor		Transaction ID: C39182
City State Zip Code New York NY 10019	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00008268		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 99
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<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)  
Stephanie Herseth Sandlin for South Dakota

**A.** Full Name (Last, First, Middle Initial)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Mailing Address 8000 EAST JEFFERSON

City State Zip Code  
DETROIT MI 48214

FEC ID number of contributing federal political committee. **C** C00002840

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 0 7

**Transaction ID:** C39164

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
United Egg Association EGGPAC

Mailing Address 1720 Windward Concourse #230

City State Zip Code  
Alpharetta GA 30005

FEC ID number of contributing federal political committee. **C** C00172841

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 7

**Transaction ID:** C39121

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
United Food and Commercial Workers International Union

Mailing Address 1775 K Street, N.W.

City State Zip Code  
Washington DC 20005-1598

FEC ID number of contributing federal political committee. **C** C00002766

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 7

**Transaction ID:** C38952

Amount of Each Receipt this Period  
5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 57 / 99
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<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)  
Stephanie Herseth Sandlin for South Dakota

**A.** Full Name (Last, First, Middle Initial)  
WESTERN PEANUT GROWERS PAC

Mailing Address Box 252

City State Zip Code  
Seminole TX 79360

FEC ID number of contributing federal political committee. **C** C00254847

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	6	/	2	0	0	7

Transaction ID: C39118

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	97581.67

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 99
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) A. First Bank & Trust Mailing Address P O Box 5057 City State Zip Code Brookings SD 57006-5057 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 1 / 2 0 0 7 Transaction ID: C38804 Amount of Each Receipt this Period 294.65 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2846.81		

Full Name (Last, First, Middle Initial) B. First Bank & Trust Mailing Address P O Box 5057 City State Zip Code Brookings SD 57006-5057 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 0 / 2 0 0 7 Transaction ID: C38869 Amount of Each Receipt this Period 298.18 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2846.81		

Full Name (Last, First, Middle Initial) C. First Bank & Trust Mailing Address P O Box 5057 City State Zip Code Brookings SD 57006-5057 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 2 / 2 0 0 7 Transaction ID: C39189 Amount of Each Receipt this Period 336.06 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2846.81		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>928.89</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>928.89</b>

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

<b>A. Alphagraphics</b> Full Name (Last, First, Middle Initial) Mailing Address 5020 s Tennis Lane Suite 1 City Sioux Falls State SD Zip Code 57108 Purpose of Disbursement Campaign Material Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D4927</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 917.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. American Envirionics Strategies</b> Full Name (Last, First, Middle Initial) Mailing Address 315 First Avenue South Suite 400 City Seattle State WA Zip Code 98104 Purpose of Disbursement Fundrasing Consulting Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D4812</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 7 Amount of Each Disbursement this Period 4000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. American Envirionics Strategies</b> Full Name (Last, First, Middle Initial) Mailing Address 315 First Avenue South Suite 400 City Seattle State WA Zip Code 98104 Purpose of Disbursement Fundraising Consulting Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D4883</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7 Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6917.27
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. American Enviro-nics Strategies</b>		<b>Transaction ID: D4938</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address 315 First Avenue South Suite 400		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Seattle State WA Zip Code 98104		
Purpose of Disbursement Fundraising Consulting Expense	Candidate Name	003 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Cantrell Cutter Printing Inc</b>		<b>Transaction ID: D4946</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 1789 Olive Street		Amount of Each Disbursement this Period 593.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Capitol Heights State MD Zip Code 20743		
Purpose of Disbursement Printing Expense	Candidate Name	003 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Dakota Travel</b>		<b>Transaction ID: D4897</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address Dakota Travel 332 W. Main Street		Amount of Each Disbursement this Period 371.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lead State SD Zip Code 57754		
Purpose of Disbursement Travel Expense	Candidate Name	002 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2965.16
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. Nicole Deak</b>		<b>Transaction ID: D4801</b> Date of Disbursement 04 / 02 / 2007
Mailing Address 25063 471st Ave		Amount of Each Disbursement this Period 230.87
City State Zip Code Baltic SD 57003	Purpose of Disbursement Salary Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Nicole Deak</b>		<b>Transaction ID: D4878</b> Date of Disbursement 05 / 01 / 2007
Mailing Address 25063 471st Ave		Amount of Each Disbursement this Period 415.58
City State Zip Code Baltic SD 57003	Purpose of Disbursement Salary Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Nicole Deak</b>		<b>Transaction ID: D4934</b> Date of Disbursement 05 / 22 / 2007
Mailing Address 25063 471st Ave		Amount of Each Disbursement this Period 342.62
City State Zip Code Baltic SD 57003	Purpose of Disbursement Salary Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>989.07</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. First Bank &amp; Trust</b>		<b>Transaction ID: D4802</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address P O Box 5057		Amount of Each Disbursement this Period 1246.78
City Brookings State SD Zip Code 57006-5057	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Taxes Expense Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. First Bank &amp; Trust</b>		<b>Transaction ID: D4888</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address P O Box 5057		Amount of Each Disbursement this Period 25.00
City Brookings State SD Zip Code 57006-5057	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Fee Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. First Bank &amp; Trust</b>		<b>Transaction ID: D4889</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address P O Box 5057		Amount of Each Disbursement this Period 14.80
City Brookings State SD Zip Code 57006-5057	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit Card Processing Expense Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1286.58
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. First Bank &amp; Trust</b>		<b>Transaction ID: D4877</b> Date of Disbursement 05 / 01 / 2007
Mailing Address P O Box 5057		Amount of Each Disbursement this Period 1277.34
City Brookings State SD Zip Code 57006-5057	Purpose of Disbursement Payroll Taxes Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. First Bank &amp; Trust</b>		<b>Transaction ID: D4930</b> Date of Disbursement 05 / 22 / 2007
Mailing Address P O Box 5057		Amount of Each Disbursement this Period 1167.88
City Brookings State SD Zip Code 57006-5057	Purpose of Disbursement Payroll taxes expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. First Bank &amp; Trust</b>		<b>Transaction ID: D4950</b> Date of Disbursement 06 / 11 / 2007
Mailing Address P O Box 5057		Amount of Each Disbursement this Period 7.60
City Brookings State SD Zip Code 57006-5057	Purpose of Disbursement Credit Card Processing Fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2452.82</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 64 / 99

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. First Bank &amp; Trust</b>		<b>Transaction ID: D4949</b> Date of Disbursement 06 / 11 / 2007
Mailing Address P O Box 5057		Amount of Each Disbursement this Period 25.00
City Brookings State SD Zip Code 57006-5057	Purpose of Disbursement Bank Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. First Bank &amp; Trust</b>		<b>Transaction ID: D4974</b> Date of Disbursement 06 / 30 / 2007
Mailing Address P O Box 5057		Amount of Each Disbursement this Period 80.08
City Brookings State SD Zip Code 57006-5057	Purpose of Disbursement Credit Card Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. First Bank &amp; Trust</b>		<b>Transaction ID: D4975</b> Date of Disbursement 06 / 30 / 2007
Mailing Address P O Box 5057		Amount of Each Disbursement this Period 25.00
City Brookings State SD Zip Code 57006-5057	Purpose of Disbursement Bank Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	130.08
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 65 / 99

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. Fraioli and Associates</b>		<b>Transaction ID: D4780</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 7
Mailing Address 80 F Street NW Ste 804		Amount of Each Disbursement this Period 3790.19
City Washington State DC Zip Code 20008	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Consulting Expense Candidate Name		003 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Fraioli and Associates</b>		<b>Transaction ID: D4811</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address 80 F Street NW Ste 804		Amount of Each Disbursement this Period 3539.77
City Washington State DC Zip Code 20008	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Consulting Expense Candidate Name		003 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Fraioli and Associates</b>		<b>Transaction ID: D4887</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 7
Mailing Address 80 F Street NW Ste 804		Amount of Each Disbursement this Period 3691.63
City Washington State DC Zip Code 20008	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Consulting Expense Candidate Name		003 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11021.59
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 66 / 99

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. Fraioli and Associates</b>		<b>Transaction ID: D4945</b> Date of Disbursement 06 / 01 / 2007
Mailing Address 80 F Street NW Ste 804		Amount of Each Disbursement this Period 3539.34
City Washington State DC Zip Code 20008	Purpose of Disbursement Fundraising Consulting Expense Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. James C. Free</b>		<b>Transaction ID: D4982</b> Date of Disbursement 05 / 18 / 2007
Mailing Address 2525 Belmont Road NW		Amount of Each Disbursement this Period 448.40
City Washington State DC Zip Code 20008	Purpose of Disbursement Food for fundraiser Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  * in-kind received

Full Name (Last, First, Middle Initial) <b>C. Tessa Gould</b>		<b>Transaction ID: D4836</b> Date of Disbursement 04 / 12 / 2007
Mailing Address 820 South Westmoor Drive		Amount of Each Disbursement this Period 1224.25
City Sioux Falls State SD Zip Code 57104	Purpose of Disbursement Salary Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5211.99
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

<p><b>A.</b> Tessa Gould</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 820 South Westmoor Drive</p> <p>City Sioux Falls State SD Zip Code 57104</p> <p>Purpose of Disbursement Salary Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> D4933</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1224.25"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Frederick Graefe</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 5109 Scarsdale Road</p> <p>City Bethesda State MD Zip Code 20816</p> <p>Purpose of Disbursement Tables Rented Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> D4890</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="204.43"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>* in-kind received</p>
<p><b>C.</b> Harold's Self Storage</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 4021 S Grange Ave</p> <p>City Sioux Falls State SD Zip Code 57105</p> <p>Purpose of Disbursement Rent Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> D4789</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="135.58"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

**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)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. Harold's Self Storage</b>		<b>Transaction ID: D4879</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7
Mailing Address 4021 S Grange Ave		Amount of Each Disbursement this Period 135.58
City Sioux Falls State SD Zip Code 57105	Purpose of Disbursement Rent Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Harold's Self Storage</b>		<b>Transaction ID: D4937</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address 4021 S Grange Ave		Amount of Each Disbursement this Period 135.58
City Sioux Falls State SD Zip Code 57105	Purpose of Disbursement Rent Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Erin Healy</b>		<b>Transaction ID: D4806</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address 1814 S 5th Ave		Amount of Each Disbursement this Period 100.00
City Sioux Falls State SD Zip Code 57105	Purpose of Disbursement Staff Travel Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	371.16
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

<b>A.</b> Full Name (Last, First, Middle Initial) Stephanie M. Herseth Sandlin		<b>Transaction ID:</b> D4871 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 7
Mailing Address 532 Southview Drive		Amount of Each Disbursement this Period 27.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Brookings State SD Zip Code 57006	Purpose of Disbursement Travel Expense Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>B.</b> Full Name (Last, First, Middle Initial) Stephanie M. Herseth Sandlin		<b>Transaction ID:</b> D4874 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7
Mailing Address 532 Southview Drive		Amount of Each Disbursement this Period 54.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Brookings State SD Zip Code 57006	Purpose of Disbursement Travel Expense Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C.</b> Full Name (Last, First, Middle Initial) Midcontinent		<b>Transaction ID:</b> D4804 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address 410 S Phillips Avenue		Amount of Each Disbursement this Period 144.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sioux Falls State SD Zip Code 57104	Purpose of Disbursement Utility Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	225.27
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. Midcontinent</b>		<b>Transaction ID: D4875</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7
Mailing Address 410 S Phillips Avenue		Amount of Each Disbursement this Period 144.27
City State Zip Code Sioux Falls SD 57104	Purpose of Disbursement Utilities Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Midcontinent</b>		<b>Transaction ID: D4928</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address 410 S Phillips Avenue		Amount of Each Disbursement this Period 144.28
City State Zip Code Sioux Falls SD 57104	Purpose of Disbursement Utilities Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. NGP Software Inc.</b>		<b>Transaction ID: D4786</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 7
Mailing Address Attn: Nathaniel Pearlman 5039 Connecticut Ave NW		Amount of Each Disbursement this Period 1750.00
City State Zip Code Washington DC 20008	Purpose of Disbursement Software Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2038.55
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

<b>A. NGP Software Inc.</b> Full Name (Last, First, Middle Initial) Mailing Address Attn: Nathaniel Pearlman 5039 Connecticut Ave NW City Washington State DC Zip Code 20008 Purpose of Disbursement Software Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: D4885</b> Date of Disbursement 05 / 08 / 2007 Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Northern Valley Communications</b> Full Name (Last, First, Middle Initial) Mailing Address 2211 8th Avenue NE City Aberdeen State SD Zip Code 57401 Purpose of Disbursement Internet Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: D4807</b> Date of Disbursement 04 / 02 / 2007 Amount of Each Disbursement this Period 140.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Northern Valley Communications</b> Full Name (Last, First, Middle Initial) Mailing Address 2211 8th Avenue NE City Aberdeen State SD Zip Code 57401 Purpose of Disbursement Internet Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: D4884</b> Date of Disbursement 05 / 01 / 2007 Amount of Each Disbursement this Period 55.02 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>495.60</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. Northern Valley Communications</b>		<b>Transaction ID: D4947</b> Date of Disbursement 06 / 01 / 2007
Mailing Address 2211 8th Avenue NE		Amount of Each Disbursement this Period 55.02
City Aberdeen State SD Zip Code 57401	Purpose of Disbursement Internet Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Carole O'Rourke</b>		<b>Transaction ID: D4971</b> Date of Disbursement 06 / 12 / 2007
Mailing Address Pow wow Director P O Box 962		Amount of Each Disbursement this Period 250.00
City Pine Ridge State SD Zip Code 57770	Purpose of Disbursement Donation Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Preferred Printing</b>		<b>Transaction ID: D4816</b> Date of Disbursement 04 / 16 / 2007
Mailing Address 1004 W 12th Street		Amount of Each Disbursement this Period 460.49
City Sioux Falls State SD Zip Code 57104	Purpose of Disbursement Printing Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	765.51
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



# 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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. Preferred Printing</b>		<b>Transaction ID:</b> D4876 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7
Mailing Address 1004 W 12th Street		Amount of Each Disbursement this Period 701.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Sioux Falls SD 57104	Purpose of Disbursement Printing Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 003

Full Name (Last, First, Middle Initial) <b>B. Preferred Printing</b>		<b>Transaction ID:</b> D4931 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address 1004 W 12th Street		Amount of Each Disbursement this Period 1271.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Sioux Falls SD 57104	Purpose of Disbursement Printing Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 001

Full Name (Last, First, Middle Initial) <b>C. Preferred Printing</b>		<b>Transaction ID:</b> D4944 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 1004 W 12th Street		Amount of Each Disbursement this Period 928.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Sioux Falls SD 57104	Purpose of Disbursement Printing Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2900.30
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. Qwest</b>		<b>Transaction ID: D4810</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address P O Box 91104		Amount of Each Disbursement this Period 582.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Seattle State WA Zip Code 98111-9204	Purpose of Disbursement Phone Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Qwest</b>		<b>Transaction ID: D4882</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7
Mailing Address P O Box 91104		Amount of Each Disbursement this Period 297.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Seattle State WA Zip Code 98111-9204	Purpose of Disbursement Phone Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Qwest</b>		<b>Transaction ID: D4948</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address P O Box 91104		Amount of Each Disbursement this Period 98.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Seattle State WA Zip Code 98111-9204	Purpose of Disbursement Phone Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	978.80
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. Richard Jones</b>		<b>Transaction ID: D4788</b> Date of Disbursement 04 / 03 / 2007
Mailing Address 407 Oriole Dr		Amount of Each Disbursement this Period 550.00
City Spearfish State SD Zip Code 57783	Purpose of Disbursement Rent Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Richard Jones</b>		<b>Transaction ID: D4881</b> Date of Disbursement 05 / 01 / 2007
Mailing Address 407 Oriole Dr		Amount of Each Disbursement this Period 550.00
City Spearfish State SD Zip Code 57783	Purpose of Disbursement Rent Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Richard Jones</b>		<b>Transaction ID: D4935</b> Date of Disbursement 05 / 22 / 2007
Mailing Address 407 Oriole Dr		Amount of Each Disbursement this Period 550.00
City Spearfish State SD Zip Code 57783	Purpose of Disbursement Rent Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1650.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. Skadden Arps Slate Meagher and Flom</b>		<b>Transaction ID: D4894</b> Date of Disbursement 05 / 14 / 2007
Mailing Address 4 Times Square		Amount of Each Disbursement this Period 620.50
City New York State NY Zip Code 10021	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Event Expense	Category/Type 007	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. State Farm Insurance</b>		<b>Transaction ID: D4929</b> Date of Disbursement 05 / 22 / 2007
Mailing Address 16 E Main Street		Amount of Each Disbursement this Period 620.00
City Vermillion State SD Zip Code 57069	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Insurance Expense	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Steven Dahlmeier</b>		<b>Transaction ID: D4835</b> Date of Disbursement 04 / 16 / 2007
Mailing Address 7450 S Louise Unit 203		Amount of Each Disbursement this Period 636.00
City Sioux Falls State SD Zip Code 57108	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Website Expense	Category/Type 004	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1876.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. The Washington Court Hotel</b>		<b>Transaction ID: D4798</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address The Washington Court Hotel 525 New Jersey Avenue NW		Amount of Each Disbursement this Period 2130.70
City Washington State DC Zip Code 20001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Event Expense Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. McLean Thompson</b>		<b>Transaction ID: D4805</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 7
Mailing Address 5105 S Rolling Green Ave #206		Amount of Each Disbursement this Period 2470.33
City Sioux Falls State SD Zip Code 57108	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Salary Expense Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. McLean Thompson</b>		<b>Transaction ID: D4873</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address 5105 S Rolling Green Ave #206		Amount of Each Disbursement this Period 2770.33
City Sioux Falls State SD Zip Code 57108	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Salary Expense Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7371.36
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. McLean Thompson</b>		<b>Transaction ID: D4932</b> Date of Disbursement 05 / 22 / 2007
Mailing Address 5105 S Rolling Green Ave #206		Amount of Each Disbursement this Period 2520.44
City Sioux Falls State SD Zip Code 57108	Purpose of Disbursement Salary Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Thurman Comes Foley &amp; Co, LLP</b>		<b>Transaction ID: D4803</b> Date of Disbursement 04 / 02 / 2007
Mailing Address 416 South Second Ave		Amount of Each Disbursement this Period 324.48
City Sioux Falls State SD Zip Code 57104	Purpose of Disbursement Accounting Services Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Tony Doom</b>		<b>Transaction ID: D4942</b> Date of Disbursement 06 / 01 / 2007
Mailing Address PO Box 525		Amount of Each Disbursement this Period 1318.50
City Marshall State MN Zip Code 56258	Purpose of Disbursement Event Supplies Expense Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4163.42</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		<b>Transaction ID: D4800</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address 777 Big Timber Road		Amount of Each Disbursement this Period 123.18
City Elgin State IL Zip Code 60123	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Cell Phone Expense	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		<b>Transaction ID: D4799</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address 777 Big Timber Road		Amount of Each Disbursement this Period 398.36
City Elgin State IL Zip Code 60123	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Cell Phone Expense	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		<b>Transaction ID: D4834</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address 777 Big Timber Road		Amount of Each Disbursement this Period 400.62
City Elgin State IL Zip Code 60123	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Cell Phone Expense	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	922.16
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		<b>Transaction ID: D4833</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address 777 Big Timber Road		Amount of Each Disbursement this Period 128.98
City Elgin State IL Zip Code 60123	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Cell Phone Expense	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		<b>Transaction ID: D4892</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address 777 Big Timber Road		Amount of Each Disbursement this Period 123.98
City Elgin State IL Zip Code 60123	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Cell Phone Expense	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		<b>Transaction ID: D4893</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address 777 Big Timber Road		Amount of Each Disbursement this Period 400.62
City Elgin State IL Zip Code 60123	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Cell Phone Expense	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	653.58
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. Wellmark Blue Cross Blue Shield</b>		Transaction ID: D4795 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address 1601 West Mdison		Amount of Each Disbursement this Period 1124.40
City Sioux Falls State SD Zip Code 57104	Purpose of Disbursement Staff Health Insurance Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. FedEx</b>		Transaction ID: D4841 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address 201 E Benson Road		Amount of Each Disbursement this Period 54.26
City Sioux Falls State SD Zip Code 57104	Purpose of Disbursement Shipping Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. First Bank &amp; Trust</b>		Transaction ID: D4796 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address P O Box 5057		Amount of Each Disbursement this Period 39.00
City Brookings State SD Zip Code 57006-5057	Purpose of Disbursement Credit Card Payment Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1163.40
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. U.S. Postmaster</b>		<b>Transaction ID: D4837</b> Date of Disbursement 04 / 02 / 2007
Mailing Address 320 S 2nd Ave		Amount of Each Disbursement this Period 39.00
City Sioux Falls State SD Zip Code 57104	Purpose of Disbursement Postage Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. First Bank &amp; Trust</b>		<b>Transaction ID: D4797</b> Date of Disbursement 04 / 02 / 2007
Mailing Address P O Box 5057		Amount of Each Disbursement this Period 2934.78
City Brookings State SD Zip Code 57006-5057	Purpose of Disbursement Credit Card Payment Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. Cafe 334</b>		<b>Transaction ID: D4858</b> Date of Disbursement 04 / 02 / 2007
Mailing Address 334 S Phillips Ave.		Amount of Each Disbursement this Period 34.40
City Sioux Falls State SD Zip Code 57104	Purpose of Disbursement Event Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2934.78
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. Cafe 334</b>		Transaction ID: D4859 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address 334 S Phillips Ave.		Amount of Each Disbursement this Period 389.76
City Sioux Falls State SD Zip Code 57104	Purpose of Disbursement Event Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		[MEMO ITEM] <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. FedEx</b>		Transaction ID: D4866 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address 201 E Benson Road		Amount of Each Disbursement this Period 48.13
City Sioux Falls State SD Zip Code 57104	Purpose of Disbursement Shipping Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		[MEMO ITEM] <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. FedEx</b>		Transaction ID: D4842 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address 201 E Benson Road		Amount of Each Disbursement this Period 37.96
City Sioux Falls State SD Zip Code 57104	Purpose of Disbursement Shipping Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		[MEMO ITEM] <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

<p><b>A. FedEx</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address 201 E Benson Road</p>		<p><b>Transaction ID: D4840</b> Date of Disbursement 04 / 02 / 2007</p>
<p>City Sioux Falls State SD Zip Code 57104</p>		<p>Amount of Each Disbursement this Period 45.36</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Purpose of Disbursement Shipping Expense Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		
<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>[MEMO ITEM]</b></p>

<p><b>B. First Bank &amp; Trust</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address P O Box 5057</p>		<p><b>Transaction ID: D4848</b> Date of Disbursement 04 / 02 / 2007</p>
<p>City Brookings State SD Zip Code 57006-5057</p>		<p>Amount of Each Disbursement this Period 26.37</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Purpose of Disbursement Bank Fee Expense Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		
<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>[MEMO ITEM]</b></p>

<p><b>C. Foley's Fish &amp; Chophouse</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address 2507 South Shirley Avenue</p>		<p><b>Transaction ID: D4843</b> Date of Disbursement 04 / 02 / 2007</p>
<p>City Sioux Falls State SD Zip Code 57106</p>		<p>Amount of Each Disbursement this Period 633.56</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Purpose of Disbursement Event Expense Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		
<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>[MEMO ITEM]</b></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>0.00</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# 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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. Foley's Fish &amp; Chophouse</b>		<b>Transaction ID: D4844</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7	
Mailing Address 2507 South Shirley Avenue		Amount of Each Disbursement this Period 102.92	
City Sioux Falls State SD Zip Code 57106	Purpose of Disbursement Event Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name	Category/Type 007		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Foley's Fish &amp; Chophouse</b>		<b>Transaction ID: D4845</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7	
Mailing Address 2507 South Shirley Avenue		Amount of Each Disbursement this Period 95.08	
City Sioux Falls State SD Zip Code 57106	Purpose of Disbursement Event Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name	Category/Type 007		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Get N' Go Fuel Stop</b>		<b>Transaction ID: D4861</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7	
Mailing Address 1224 E 57th St		Amount of Each Disbursement this Period 40.18	
City Sioux Falls State SD Zip Code 57108	Purpose of Disbursement Staff Travel Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name	Category/Type 002		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. Get N' Go Fuel Stop</b>		<b>Transaction ID: D4860</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address 1224 E 57th St		Amount of Each Disbursement this Period 23.73
City Sioux Falls State SD Zip Code 57108	Purpose of Disbursement Staff Travel Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>B. Get N' Go Fuel Stop</b>		<b>Transaction ID: D4847</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address 1224 E 57th St		Amount of Each Disbursement this Period 61.37
City Sioux Falls State SD Zip Code 57108	Purpose of Disbursement Staff Travel Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. Get N' Go Fuel Stop</b>		<b>Transaction ID: D4862</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address 1224 E 57th St		Amount of Each Disbursement this Period 25.10
City Sioux Falls State SD Zip Code 57108	Purpose of Disbursement Staff Travel Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. Harold's Photo Center</b>		Transaction ID: D4853 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7	
Mailing Address 912 W 41st Street		Amount of Each Disbursement this Period 13.13	
City Sioux Falls	State SD	Zip Code 57105	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Purpose of Disbursement Printing Expense		Category/ Type 001	
Candidate Name		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. Harold's Photo Center</b>		Transaction ID: D4852 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7	
Mailing Address 912 W 41st Street		Amount of Each Disbursement this Period 41.04	
City Sioux Falls	State SD	Zip Code 57105	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Purpose of Disbursement Printing Expense		Category/ Type 001	
Candidate Name		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>C. Lewis Drug Southgate</b>		Transaction ID: D4846 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7	
Mailing Address 41st & Minnesota		Amount of Each Disbursement this Period 48.20	
City Sioux Falls	State SD	Zip Code 57103	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Purpose of Disbursement Office Supplies Expense		Category/ Type 001	
Candidate Name		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. Northwest Airlines</b>		Transaction ID: D4857 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address 7500 Airline Drive		Amount of Each Disbursement this Period 307.00
City Minneapolis State MN Zip Code 55450	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Staff Travel Expense	Category/Type 002	<b>[MEMO ITEM]</b>
Candidate Name	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>B. U.S. Postmaster</b>		Transaction ID: D4838 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address 320 S 2nd Ave		Amount of Each Disbursement this Period 42.03
City Sioux Falls State SD Zip Code 57104	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage Expense	Category/Type 001	<b>[MEMO ITEM]</b>
Candidate Name	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>C. U.S. Postmaster</b>		Transaction ID: D4865 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address 320 S 2nd Ave		Amount of Each Disbursement this Period 46.81
City Sioux Falls State SD Zip Code 57104	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage Expense	Category/Type 001	<b>[MEMO ITEM]</b>
Candidate Name	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. U.S. Postmaster</b>		<b>Transaction ID: D4870</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address 320 S 2nd Ave		Amount of Each Disbursement this Period 58.26
City Sioux Falls State SD Zip Code 57104	Purpose of Disbursement Postage Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>B. U.S. Postmaster</b>		<b>Transaction ID: D4864</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address 320 S 2nd Ave		Amount of Each Disbursement this Period 195.00
City Sioux Falls State SD Zip Code 57104	Purpose of Disbursement Postage Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. UPS Store</b>		<b>Transaction ID: D4863</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address 2522 West 41st St		Amount of Each Disbursement this Period 18.40
City Sioux Falls State SD Zip Code 57105	Purpose of Disbursement Shipping Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. UPS Store</b>		Transaction ID: D4839 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address 2522 West 41st St		Amount of Each Disbursement this Period 26.80
City Sioux Falls State SD Zip Code 57105	Purpose of Disbursement Shipping Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>B. UPS Store</b>		Transaction ID: D4854 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address 2522 West 41st St		Amount of Each Disbursement this Period 20.82
City Sioux Falls State SD Zip Code 57105	Purpose of Disbursement Shipping Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. Valiant Vineyard</b>		Transaction ID: D4856 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address Valiant Vineyard 1500 W. Main Street		Amount of Each Disbursement this Period 166.40
City Vermillion State SD Zip Code 57069	Purpose of Disbursement Event Expense Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. First Bank &amp; Trust</b>		<b>Transaction ID: D4817</b> Date of Disbursement 04 / 16 / 2007
Mailing Address P O Box 5057		Amount of Each Disbursement this Period 68.64
City Brookings State SD Zip Code 57006-5057	Purpose of Disbursement Credit Card Payment Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. US House of Representatives</b>		<b>Transaction ID: D4818</b> Date of Disbursement 04 / 16 / 2007
Mailing Address Capitol Hill		Amount of Each Disbursement this Period 68.64
City Washington State DC Zip Code 20515	Purpose of Disbursement Event Supply Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. First Bank &amp; Trust</b>		<b>Transaction ID: D4819</b> Date of Disbursement 04 / 16 / 2007
Mailing Address P O Box 5057		Amount of Each Disbursement this Period 526.49
City Brookings State SD Zip Code 57006-5057	Purpose of Disbursement Credit Card Payment Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**595.13**

**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)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. FedEx</b>		Transaction ID: D4822 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address 201 E Benson Road		Amount of Each Disbursement this Period 40.52
City State Zip Code Sioux Falls SD 57104	Purpose of Disbursement Shipping Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>B. FedEx</b>		Transaction ID: D4823 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address 201 E Benson Road		Amount of Each Disbursement this Period 35.75
City State Zip Code Sioux Falls SD 57104	Purpose of Disbursement Shipping Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. Get N' Go Fuel Stop</b>		Transaction ID: D4828 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address 1224 E 57th St		Amount of Each Disbursement this Period 52.37
City State Zip Code Sioux Falls SD 57108	Purpose of Disbursement Staff Travel Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

<p><b>A. Get N' Go Fuel Stop</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address 1224 E 57th St</p>		<p><b>Transaction ID: D4829</b> Date of Disbursement 04 / 16 / 2007</p>
<p>City Sioux Falls State SD Zip Code 57108</p>		<p>Amount of Each Disbursement this Period 45.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Purpose of Disbursement Staff Travel Expense Candidate Name</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

<p><b>B. Harold's Photo Center</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address 912 W 41st Street</p>		<p><b>Transaction ID: D4832</b> Date of Disbursement 04 / 16 / 2007</p>
<p>City Sioux Falls State SD Zip Code 57105</p>		<p>Amount of Each Disbursement this Period 12.68</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Purpose of Disbursement Printing Expense Candidate Name</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

<p><b>C. Lewis Drug Southgate</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address 41st &amp; Minnesota</p>		<p><b>Transaction ID: D4831</b> Date of Disbursement 04 / 16 / 2007</p>
<p>City Sioux Falls State SD Zip Code 57103</p>		<p>Amount of Each Disbursement this Period 65.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Purpose of Disbursement Office Supplies Expense Candidate Name</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. UPS Store</b>		Transaction ID: D4824 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address 2522 West 41st St		Amount of Each Disbursement this Period 7.48
City Sioux Falls State SD Zip Code 57105	Purpose of Disbursement Shipping Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>B. UPS Store</b>		Transaction ID: D4825 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address 2522 West 41st St		Amount of Each Disbursement this Period 117.00
City Sioux Falls State SD Zip Code 57105	Purpose of Disbursement Shipping Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. UPS Store</b>		Transaction ID: D4826 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address 2522 West 41st St		Amount of Each Disbursement this Period 78.65
City Sioux Falls State SD Zip Code 57105	Purpose of Disbursement Shipping Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. UPS Store</b>		Transaction ID: D4827 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address 2522 West 41st St		Amount of Each Disbursement this Period 5.00
City Sioux Falls State SD Zip Code 57105	Purpose of Disbursement Shipping Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>B. First Bank &amp; Trust</b>		Transaction ID: D4896 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address P O Box 5057		Amount of Each Disbursement this Period 234.27
City Brookings State SD Zip Code 57006-5057	Purpose of Disbursement Credit Card Payment Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. First Bank &amp; Trust</b>		Transaction ID: D4902 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address P O Box 5057		Amount of Each Disbursement this Period 4236.25
City Brookings State SD Zip Code 57006-5057	Purpose of Disbursement Credit Card Payment Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4470.52
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. Capital Q BBQ</b>		Transaction ID: D4921 Date of Disbursement 05 / 15 / 2007
Mailing Address 707 H Street NW		Amount of Each Disbursement this Period 791.50
City Washington State DC Zip Code 20002	Purpose of Disbursement Event Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>B. Deluxe Business Checks and Solutions</b>		Transaction ID: D4905 Date of Disbursement 05 / 15 / 2007
Mailing Address P.O. Box 1186		Amount of Each Disbursement this Period 980.47
City Lancaster State CA Zip Code 93534-1186	Purpose of Disbursement Check Printing Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. Le Peacock</b>		Transaction ID: D4915 Date of Disbursement 05 / 15 / 2007
Mailing Address 202 S Phillips Ave		Amount of Each Disbursement this Period 518.58
City Sioux Falls State SD Zip Code 57104	Purpose of Disbursement Office Supplies Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

<b>A. Roosevelt Hotel</b> Full Name (Last, First, Middle Initial) Mailing Address 45 E 45th Street City New York State NY Zip Code 10017 Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D4924</b> Date of Disbursement 05 / 15 / 2007 Amount of Each Disbursement this Period 392.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. U.S. Postmaster</b> Full Name (Last, First, Middle Initial) Mailing Address 320 S 2nd Ave City Sioux Falls State SD Zip Code 57104 Purpose of Disbursement Postage Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D4914</b> Date of Disbursement 05 / 15 / 2007 Amount of Each Disbursement this Period 24.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. U.S. Postmaster</b> Full Name (Last, First, Middle Initial) Mailing Address 320 S 2nd Ave City Sioux Falls State SD Zip Code 57104 Purpose of Disbursement Postage Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D4913</b> Date of Disbursement 05 / 15 / 2007 Amount of Each Disbursement this Period 164.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial) <b>A. U.S. Postmaster</b>		<b>Transaction ID:</b> D4912 <b>Date of Disbursement</b> 05 / 15 / 2007
Mailing Address 320 S 2nd Ave		Amount of Each Disbursement this Period 8.10
City Sioux Falls State SD Zip Code 57104	Purpose of Disbursement Postage Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>B. U.S. Postmaster</b>		<b>Transaction ID:</b> D4911 <b>Date of Disbursement</b> 05 / 15 / 2007
Mailing Address 320 S 2nd Ave		Amount of Each Disbursement this Period 39.00
City Sioux Falls State SD Zip Code 57104	Purpose of Disbursement Postage Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. US Airways</b>		<b>Transaction ID:</b> D4918 <b>Date of Disbursement</b> 05 / 15 / 2007
Mailing Address 2345 Crystal Drive		Amount of Each Disbursement this Period 379.80
City Arlington State VA Zip Code 22202	Purpose of Disbursement Airline Ticket Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	66114.86

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

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Detailed Summary Page

FOR LINE NUMBER:  
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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Stephanie Herseth Sandlin for South Dakota

Full Name (Last, First, Middle Initial)  
**A.** Doug Forman

Mailing Address 68 Friendly Court

City Babylon State NY Zip Code 11702-2206

Purpose of Disbursement  
Contribution Refund Expense

Candidate Name

**010**  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D4794

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**705.00**

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

**705.00**

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

**705.00**