

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5
Kristi for Congress

ADDRESS (number and street) PO Box 852
 Check if different than previously reported. (ACC) Sioux Falls SD 57101

2. **FEC IDENTIFICATION NUMBER** ▼ C C00476853 3. IS THIS REPORT NEW (N) **OR** AMENDED (A) CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT
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 M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 07 / 01 / 2015 through M M / D D / Y Y Y Y 09 / 30 / 2015

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 Ted Husted
Signature of Treasurer Ted Husted [Electronically Filed] Date M M / D D / Y Y Y Y 10 / 15 / 2015

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
Kristi for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	260149.24	919162.69
(b) Total Contribution Refunds (from Line 20(d))	0	3150
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	260149.24	916012.69
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	116799.29	458855.11
(b) Total Offsets to Operating Expenditures (from Line 14).....	0	8092.7
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	116799.29	450762.41
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1344540.71	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Kristi for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	106575.24	412968.24
(ii) Unitemized.....	19838	67256.3
(iii) TOTAL of contributions from individuals ▶	126413.24	480224.54
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	133736	438938.15
(d) The Candidate.....	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	260149.24	919162.69
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0	9629.37
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0	0
(b) All Other Loans.....	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0	0
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0	8092.7
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	427.42	1232.54
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	260576.66	938117.3

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	116799.29	458855.11
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0	400
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	2750
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	3150
21. OTHER DISBURSEMENTS	210	24910
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	117009.29	486915.11

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1200973.34
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	260576.66
25. SUBTOTAL (add Line 23 and Line 24).....	1461550
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	117009.29
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1344540.71

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Shakopee Mdewakanton Sioux Community

Mailing Address 2330 Sioux Trail NW

City	State	Zip Code
Prior Lake	MN	55372-9077

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

Name of Employer	Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : A-CF36527

Amount of Each Receipt this Period
2700

B. Full Name (Last, First, Middle Initial)
Sioux Falls Surgical Physicians, LLC

Mailing Address 910 E 20th Street

City	State	Zip Code
Sioux Falls	SD	57105-1012

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

Name of Employer	Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 12 / 2015

Transaction ID : A-CF35920

Amount of Each Receipt this Period
5400

Attribution/Redesignation requested

C. Full Name (Last, First, Middle Initial)
Sioux Falls Surgical Physicians, LLC

Mailing Address 910 E 20th Street

City	State	Zip Code
Sioux Falls	SD	57105-1012

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

Name of Employer	Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 10 / 2015

Transaction ID : A-MCNF717

Amount of Each Receipt this Period
-2700

Redesignation from primary
[MEMO ITEM]

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

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

8100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Sioux Falls Surgical Physicians, LLC

Mailing Address 910 E 20th Street

City State Zip Code
Sioux Falls SD 57105-1012

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 10 / 2015

Transaction ID : A-MCNF718

Amount of Each Receipt this Period
2700

Redesignation to general

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Jerri Andersen

Mailing Address PO Box 340

City State Zip Code
Arlington SD 57212-0340

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

Name of Employer Occupation
Self-Employed Insurance Agent

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 01 / 2015

Transaction ID : A-CF36135

Amount of Each Receipt this Period
250

C. Full Name (Last, First, Middle Initial)
Julie A. Anderson

Mailing Address 1104 E Plum Creek Road

City State Zip Code
Sioux Falls SD 57105-7043

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

Name of Employer Occupation
Anderson Friesen Creative Advertising

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2015

Transaction ID : A-CF35786

Amount of Each Receipt this Period
2000

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Samuel Anderson

Mailing Address 1120 Stewart Drive

City Aberdeen State SD Zip Code 57401-2674

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

Name of Employer QBE NAU Occupation Marketing Rep

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 24 / 2015

Transaction ID : A-CF35963

Amount of Each Receipt this Period
500

B. Full Name (Last, First, Middle Initial)
Corinne K. Arnold

Mailing Address 45475 185th Street

City Castlewood State SD Zip Code 57223-5616

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

Name of Employer Self-Employed Occupation Farmer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 10 / 2015

Transaction ID : A-CF35881

Amount of Each Receipt this Period
1000

C. Full Name (Last, First, Middle Initial)
Charles H. Balcom

Mailing Address 41205 258th Street

City Mitchell State SD Zip Code 57301-7506

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

Name of Employer Consultants, Ltd Occupation Financial Planner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : A-CF36504

Amount of Each Receipt this Period
300

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

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

1800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Ronald D. Bancroft

Mailing Address **PO Box 287**

City **Hermosa** State **SD** Zip Code **57744-0287**

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

Name of Employer Information Requested
Information Requested

Occupation Information Requested
Information Requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 10 / 2015

Transaction ID : A-CF35729

Amount of Each Receipt this Period
50

B. Full Name (Last, First, Middle Initial)
Ronald D. Bancroft

Mailing Address **PO Box 287**

City **Hermosa** State **SD** Zip Code **57744-0287**

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

Name of Employer Information Requested
Information Requested

Occupation Information Requested
Information Requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : A-CF36087

Amount of Each Receipt this Period
50

C. Full Name (Last, First, Middle Initial)
Dena J. Battle

Mailing Address **1000 Dartmouth Road**

City **Alexandria** State **VA** Zip Code **22314-4785**

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

Name of Employer Information Requested
Capitol Counsel, LLC

Occupation Information Requested
Lobbyist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3700

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 28 / 2015

Transaction ID : A-CF35823

Amount of Each Receipt this Period
2700

Reattribution/Redesignation requested

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

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

2800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Dena J. Battle

Mailing Address 1000 Dartmouth Road

City Alexandria State VA Zip Code 22314-4785

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

Name of Employer Capitol Counsel, LLC Occupation Lobbyist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3700**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 12 / 2015

Transaction ID : A-MCNF709

Amount of Each Receipt this Period
-1000

Redesignation from primary

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Dena J. Battle

Mailing Address 1000 Dartmouth Road

City Alexandria State VA Zip Code 22314-4785

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

Name of Employer Capitol Counsel, LLC Occupation Lobbyist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3700**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 12 / 2015

Transaction ID : A-MCNF710

Amount of Each Receipt this Period
1000

Redesignation to general

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Curtis Bauman

Mailing Address 20191 Sd Highway 37

City Huron State SD Zip Code 57350-6102

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

Name of Employer Self-Employed Occupation Sales

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 24 / 2015

Transaction ID : A-CF35964

Amount of Each Receipt this Period
500

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

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Gaye Bell

Mailing Address 3568 S Spencer Boulevard

City: Sioux Falls State: SD Zip Code: 57103-4653

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

Name of Employer: Homemaker Occupation: Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **1500**

Date of Receipt: 08 / 10 / 2015

Transaction ID : A-CF35883

Amount of Each Receipt this Period: **500**

B. Full Name (Last, First, Middle Initial)
Judson J. Bergan

Mailing Address 6401 S Lyncrest Avenue
Apt. 320

City: Sioux Falls State: SD Zip Code: 57108-2548

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

Name of Employer: Self-Employed Occupation: Optometrist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **300**

Date of Receipt: 09 / 08 / 2015

Transaction ID : A-CF36282

Amount of Each Receipt this Period: **300**

C. Full Name (Last, First, Middle Initial)
Keith R. Bergh

Mailing Address PO Box 88507

City: Sioux Falls State: SD Zip Code: 57109-8507

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

Name of Employer: DLC Empire Occupation: Owner/Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **1000**

Date of Receipt: 09 / 28 / 2015

Transaction ID : A-CF36454

Amount of Each Receipt this Period: **1000**

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

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

1800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Richard Y. Bershon

Mailing Address 27322 Estates Road

City Hot Springs State SD Zip Code 57747-7537

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1100**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2015

Transaction ID : A-CF36459

Amount of Each Receipt this Period
 100

B. Full Name (Last, First, Middle Initial)
Arlene H. Bertsch

Mailing Address PO Box 324

City Menno State SD Zip Code 57045-0324

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **225**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 04 / 2015

Transaction ID : A-CF36246

Amount of Each Receipt this Period
 200

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

Mailing Address PO Box 64

City Roscoe State SD Zip Code 57471-0064

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

Name of Employer First State Bank of Roscoe Occupation Banker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1200**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : A-CF36423

Amount of Each Receipt this Period
 1000

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

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

1300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Glenda Blindert

Mailing Address 450 E Sabers Avenue

City State Zip Code
Salem SD 57058-8515

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

Name of Employer Occupation
Blindert Ins Agency Crop Insurance Agent

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 24 / 2015

Transaction ID : A-CF35965

Amount of Each Receipt this Period
500

B. Full Name (Last, First, Middle Initial)
David A. Bockorny

Mailing Address 3101 S Bishop Jones Place

City State Zip Code
Sioux Falls SD 57103-4669

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

Name of Employer Occupation
Bockorny Group Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 10 / 2015

Transaction ID : A-CF35884

Amount of Each Receipt this Period
1000

C. Full Name (Last, First, Middle Initial)
Bradley C. Boisen

Mailing Address PO Box 444

City State Zip Code
Plankinton SD 57368-0444

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

Name of Employer Occupation
Self-Employed Chiropractor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 25 / 2015

Transaction ID : A-CF36424

Amount of Each Receipt this Period
2700

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

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

4200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Michael Bowar

Mailing Address PO Box 838

City State Zip Code
Parkston SD 57366-0838

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

Name of Employer Occupation
Maxwell & Bowar Agency Insurance & Real Estate

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 03 / 2015

Transaction ID : A-CF35852

Amount of Each Receipt this Period
250

B. Full Name (Last, First, Middle Initial)
Patrick Bowar

Mailing Address PO Box AA
304 North Wallace

City State Zip Code
Parkston SD 57366-1227

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

Name of Employer Occupation
Maxwell & Bowar Agency Insurance/Real Estate

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 03 / 2015

Transaction ID : A-CF35853

Amount of Each Receipt this Period
250

C. Full Name (Last, First, Middle Initial)
Dale E. Bradshaw

Mailing Address 125 Summerwood Drive

City State Zip Code
Watertown SD 57201-5475

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 11 / 2015

Transaction ID : A-CF36320

Amount of Each Receipt this Period
100

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Charles C Brennan

Mailing Address 41 Painted Feather Way

City Las Vegas State NV Zip Code 89135-7856

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

Name of Employer Dollar Loan Center Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 01 / 2015

Transaction ID : A-CF36137

Amount of Each Receipt this Period
1000

B. Full Name (Last, First, Middle Initial)
Tim Breske

Mailing Address 1004 NE 11th Street

City Madison State SD Zip Code 57042-3723

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

Name of Employer Breske Crop Insurance Occupation Crop Insurance Sales

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2015

Transaction ID : A-CF35781

Amount of Each Receipt this Period
500

C. Full Name (Last, First, Middle Initial)
Ryan P. Brown

Mailing Address PO Box 95

City Gettysburg State SD Zip Code 57442-0095

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

Name of Employer Brown Insurance Occupation Insurance Agent

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 24 / 2015

Transaction ID : A-CF35966

Amount of Each Receipt this Period
500

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Wesley Butchee

Mailing Address **PO Box 875**

City **Seagraves** State **TX** Zip Code **79359-0875**

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

Name of Employer **Self-Employed** Occupation **Farmer**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 24 / 2015

Transaction ID : A-CF35967

Amount of Each Receipt this Period
250

B. Full Name (Last, First, Middle Initial)
Darrell D. Butterwick

Mailing Address **PO Box 25604**

City **Saint Paul** State **MN** Zip Code **55125-0604**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **400**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 11 / 2015

Transaction ID : A-CF36321

Amount of Each Receipt this Period
200

C. Full Name (Last, First, Middle Initial)
Dean R. Bymers

Mailing Address **PO Box 68**

City **Raymond** State **SD** Zip Code **57258-0068**

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

Name of Employer **Self-Employed** Occupation **Farmer**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **375**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 10 / 2015

Transaction ID : A-CF35722

Amount of Each Receipt this Period
100

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

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

550.00

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

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

FOR LINE NUMBER: PAGE 16 OF 157
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Dean R. Bymers

Mailing Address **PO Box 68**

City **Raymond** State **SD** Zip Code **57258-0068**

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

Name of Employer **Self-Employed** Occupation **Farmer**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **375**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 01 / 2015

Transaction ID : A-CF36138

Amount of Each Receipt this Period
100

B. Full Name (Last, First, Middle Initial)
Lorraine Carlson

Mailing Address **876 S Lake Drive**

City **Watertown** State **SD** Zip Code **57201-5458**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 03 / 2015

Transaction ID : A-CF36215

Amount of Each Receipt this Period
250

C. Full Name (Last, First, Middle Initial)
Megan Ivory Carr

Mailing Address **3547 36th Street N**

City **Arlington** State **VA** Zip Code **22207-5310**

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

Name of Employer **3M** Occupation **Gov't Affairs Manager**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 24 / 2015

Transaction ID : A-CF35968

Amount of Each Receipt this Period
500

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

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

850.00

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

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

FOR LINE NUMBER: PAGE 17 OF 157
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Michael D. Cartney

Mailing Address 1020 11th Street NE

City State Zip Code
Watertown SD 57201-6741

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

Name of Employer Occupation
Lake Area Technician Inst. Vice President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1750

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 22 / 2015

Transaction ID : A-CF35799

Amount of Each Receipt this Period
1000

B. Full Name (Last, First, Middle Initial)
Michael D. Cartney

Mailing Address 1020 11th Street NE

City State Zip Code
Watertown SD 57201-6741

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

Name of Employer Occupation
Lake Area Technician Inst. Vice President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1750

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 03 / 2015

Transaction ID : A-CF36216

Amount of Each Receipt this Period
500

C. Full Name (Last, First, Middle Initial)
Anthony S. Cleberg

Mailing Address 5135 Carriage Hills Drive

City State Zip Code
Rapid City SD 57702-9279

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

Name of Employer Occupation
Black Hills Corp. CFO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 03 / 2015

Transaction ID : A-CF36217

Amount of Each Receipt this Period
1500

Reattribution/Redesignation requested

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Anthony S. Cleberg

Mailing Address 5135 Carriage Hills Drive

City State Zip Code
Rapid City SD 57702-9279

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

Name of Employer Occupation
Black Hills Corp. CFO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 11 / 2015

Transaction ID : A-MCNF715

Amount of Each Receipt this Period
-300

Reattribution from spouse

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Brenda J. Cleberg

Mailing Address 5135 Carriage Hills Drive

City State Zip Code
Rapid City SD 57702-9279

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 11 / 2015

Transaction ID : A-MCNF716

Amount of Each Receipt this Period
300

Reattribution to spouse

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
John M. Corothers USN (Ret)

Mailing Address 47617 181st Street

City State Zip Code
Clear Lake SD 57226-5402

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
235

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 10 / 2015

Transaction ID : A-CF35731

Amount of Each Receipt this Period
10

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

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

10.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
John L. Dawson

Mailing Address 5278 La Canada Boulevard

City State Zip Code
La Canada Flintridge CA 91011-1722

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **400**

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 14 / 2015

Transaction ID : A-CF36354

Amount of Each Receipt this Period
 200

B. Full Name (Last, First, Middle Initial)
Thomas A. Dempster

Mailing Address 1209 S Sugar Maple Drive

City State Zip Code
Sioux Falls SD 57110-8900

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

Name of Employer Occupation
UBS VP

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 10 / 2015

Transaction ID : A-CF35887

Amount of Each Receipt this Period
 250

C. Full Name (Last, First, Middle Initial)
Clyde Dethlefsen

Mailing Address 26215 384th Avenue

City State Zip Code
Stickney SD 57375-6105

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

Name of Employer Occupation
Aurora Co Crop Insurance Agent

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 24 / 2015

Transaction ID : A-CF35971

Amount of Each Receipt this Period
 250

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

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

700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Frederick E. Deutsch

Mailing Address 16452 449th Avenue

City Florence	State SD	Zip Code 57235-5709
------------------	-------------	------------------------

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

Name of Employer Self-Employed	Occupation Chiropractor
-----------------------------------	----------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2015

Transaction ID : A-CF35800

Amount of Each Receipt this Period
250

B. Full Name (Last, First, Middle Initial)
Thomas J Dice

Mailing Address PO Box 790

City Mitchell	State SD	Zip Code 57301-0790
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FEC ID number of contributing federal political committee. **C**

Name of Employer Dice Financial	Occupation Financial Consultant
------------------------------------	------------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 24 / 2015

Transaction ID : A-CF35972

Amount of Each Receipt this Period
250

C. Full Name (Last, First, Middle Initial)
Steven Donovan

Mailing Address 710 S 3rd Street

City Arlington	State SD	Zip Code 57212-2210
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FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested	Occupation Information Requested
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 24 / 2015

Transaction ID : A-CF35973

Amount of Each Receipt this Period
250

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Benjamin T. Doughty

Mailing Address 2705 Cameron Drive

City State Zip Code
Rapid City SD 57702-5284

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
225

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 03 / 2015

Transaction ID : A-CF36219

Amount of Each Receipt this Period
50

B. Full Name (Last, First, Middle Initial)
David L. Elson

Mailing Address 513 E Plum Creek Road

City State Zip Code
Sioux Falls SD 57105-6950

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

Name of Employer Occupation
Avera Health Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1250

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 20 / 2015

Transaction ID : A-CF35787

Amount of Each Receipt this Period
500

C. Full Name (Last, First, Middle Initial)
Barbara M. Everist

Mailing Address 709 E Tomar Road

City State Zip Code
Sioux Falls SD 57105-7053

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : A-CF36487

Amount of Each Receipt this Period
2700

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

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

3250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Robert L. Faehn

Mailing Address 56 Sunrise Drive

City State Zip Code
Watertown SD 57201-2044

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

Name of Employer Occupation
LA Radio Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2015

Transaction ID : A-CF35801

Amount of Each Receipt this Period
500

B. Full Name (Last, First, Middle Initial)
James E. Faulstich

Mailing Address 33795 186th Street

City State Zip Code
Highmore SD 57345-5305

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

Name of Employer Occupation
Faulstich Farm Farmer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 24 / 2015

Transaction ID : A-CF35974

Amount of Each Receipt this Period
250

C. Full Name (Last, First, Middle Initial)
Doug R. Feterl

Mailing Address 8470 Countryside Boulevard

City State Zip Code
Rapid City SD 57702-9177

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

Name of Employer Occupation
West Plains Engineering Engineer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 04 / 2015

Transaction ID : A-CF36249

Amount of Each Receipt this Period
250

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 23 OF 157
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Kevin K Fiedler

Mailing Address 2105 6th Avenue SE

City Aberdeen State SD Zip Code 57401-6510

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

Name of Employer Occupation
Kens Supermarkets Inc. Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 03 / 2015

Transaction ID : A-CF36220

Amount of Each Receipt this Period
 250

B. Full Name (Last, First, Middle Initial)
Deb Fischer-Clemens

Mailing Address 3005 W 90th Street

City Sioux Falls State SD Zip Code 57108-6275

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : A-CF35888

Amount of Each Receipt this Period
 250

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

Mailing Address 18806 446th Avenue

City Hayti State SD Zip Code 57241-5530

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

Name of Employer Occupation
Self-Employed Farmer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2015

Transaction ID : A-CF35802

Amount of Each Receipt this Period
 1000

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 24 OF 157
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Roger J. Fritz

Mailing Address 18103 447th Avenue

City Hazel State SD Zip Code 57242-5205

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

Name of Employer Self-Employed Occupation Farmer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1400**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2015

Transaction ID : A-CF35803

Amount of Each Receipt this Period
 500

B. Full Name (Last, First, Middle Initial)
Nathan Frolek

Mailing Address 716 Sun Valley Street

City Brookings State SD Zip Code 57006-7009

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

Name of Employer Great American Insurance Occupation Marketing Specialist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 13 / 2015

Transaction ID : A-CF35911

Amount of Each Receipt this Period
 250

C. Full Name (Last, First, Middle Initial)
Ron Gambill

Mailing Address 127 Gillette Drive

City Franklin State TN Zip Code 37069-4113

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

Name of Employer State of Tennessee Occupation Education Administrator

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **750**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2015

Transaction ID : A-CF36355

Amount of Each Receipt this Period
 250

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Brian J. Gatzke

Mailing Address 20836 475th Avenue

City Aurora State SD Zip Code 57002-6538

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

Name of Employer Northern Plains Appraisal Occupation Real Estate Appraiser

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : A-CF36447

Amount of Each Receipt this Period
100

B. Full Name (Last, First, Middle Initial)
Richard H Goebel

Mailing Address PO Box 1117

City Spearfish State SD Zip Code 57783-7117

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 23 / 2015

Transaction ID : A-CF36443

Amount of Each Receipt this Period
100

C. Full Name (Last, First, Middle Initial)
Charles F. Gorder Sr.

Mailing Address 5526 Toyon Road

City San Diego State CA Zip Code 92115-1020

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1050**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 14 / 2015

Transaction ID : A-CF36356

Amount of Each Receipt this Period
50

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

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

250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Kaija Graves

Mailing Address 294 S Lake Drive

City State Zip Code
Watertown SD 57201-5431

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

Name of Employer Occupation Information Requested
Information Requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 22 / 2015

Transaction ID : A-CF35804

Amount of Each Receipt this Period
250

B. Full Name (Last, First, Middle Initial)
Olive L. Grimsrud

Mailing Address 1020 E 6th Street

City State Zip Code
Webster SD 57274-1612

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

Name of Employer Occupation Information Requested
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
240

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 08 / 2015

Transaction ID : A-CF36292

Amount of Each Receipt this Period
90

C. Full Name (Last, First, Middle Initial)
Brad Grossenburg

Mailing Address 300 S Phillips Avenue
Suite 300

City State Zip Code
Sioux Falls SD 57104-6322

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

Name of Employer Occupation Information Requested
Woods Fuller Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 10 / 2015

Transaction ID : A-CF35890

Amount of Each Receipt this Period
250

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

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

590.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Gretchen O. Haahr

Mailing Address 216 Casino Road

City Storm Lake State IA Zip Code 50588-7766

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 21 / 2015

Transaction ID : A-CF35942

Amount of Each Receipt this Period
1000

B. Full Name (Last, First, Middle Initial)
J. Tyler Haahr

Mailing Address 2905 S Saint Francis Lane

City Sioux Falls State SD Zip Code 57103-4675

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

Name of Employer Meta Financial Group Occupation COO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : A-CF35891

Amount of Each Receipt this Period
1000

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

Mailing Address 43919 Sd Highway 34

City Winfred State SD Zip Code 57076-7005

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

Name of Employer Double J Farms Occupation Farmer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **400**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 02 / 2015

Transaction ID : A-CF36209

Amount of Each Receipt this Period
200

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

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

2200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Wayne K. Hamar

Mailing Address **PO Box 27**

City **Long Valley** State **SD** Zip Code **57547-0027**

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

Name of Employer **Self-Employed** Occupation **Farmer**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 01 / 2015

Transaction ID : A-CF36143

Amount of Each Receipt this Period
150

B. Full Name (Last, First, Middle Initial)
Dean R. Hamm

Mailing Address **7900 Sheridan Lake Road**

City **Rapid City** State **SD** Zip Code **57702-9050**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 08 / 2015

Transaction ID : A-CF36293

Amount of Each Receipt this Period
100

C. Full Name (Last, First, Middle Initial)
Scott Harmon

Mailing Address **PO Box 99**

City **Idalou** State **TX** Zip Code **79329-0099**

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

Name of Employer **Self-Employed** Occupation **Farmer**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 24 / 2015

Transaction ID : A-CF35979

Amount of Each Receipt this Period
250

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

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Barbara Reed Harms

Mailing Address 7310 Valley View Road

City State Zip Code
Brookings SD 57006-7216

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1300

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 15 / 2015

Transaction ID : A-MCNF720

Amount of Each Receipt this Period
1300

Reattribution to spouse
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Duane D. Harms

Mailing Address PO Box 940

City State Zip Code
Brookings SD 57006-0940

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

Name of Employer Occupation
Harms Oil Company Oil Jobber

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 19 / 2015

Transaction ID : A-CF35935

Amount of Each Receipt this Period
2000

Reattribution/Redesignation requested

C. Full Name (Last, First, Middle Initial)
Duane D. Harms

Mailing Address PO Box 940

City State Zip Code
Brookings SD 57006-0940

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

Name of Employer Occupation
Harms Oil Company Oil Jobber

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 15 / 2015

Transaction ID : A-MCNF719

Amount of Each Receipt this Period
-1300

Reattribution from spouse
[MEMO ITEM]

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 30 OF 157
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Jeff Harrison

Mailing Address **641 C Street NE**

City **Washington** State **DC** Zip Code **20002-6001**

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

Name of Employer **Combest, Sell & Associates** Occupation **Counsel**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
797.24

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 19 / 2015

Transaction ID : A-IF36430

Amount of Each Receipt this Period
797.24

Inkind: Food/Beverage

B. Full Name (Last, First, Middle Initial)
Michael Douglas Hartshorn

Mailing Address **960 S Lake Drive**

City **Watertown** State **SD** Zip Code **57201-5460**

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

Name of Employer **M.C. Hartshorn Inc.** Occupation **President**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 22 / 2015

Transaction ID : A-CF35805

Amount of Each Receipt this Period
300

C. Full Name (Last, First, Middle Initial)
Jeff Heidelberg

Mailing Address **PO Box 292**

City **Custer** State **SD** Zip Code **57730-0292**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 24 / 2015

Transaction ID : A-CF35980

Amount of Each Receipt this Period
250

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

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

1347.24

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Craig Heinrich

Mailing Address 3508 148th Street

City Lubbock State TX Zip Code 79423-6307

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

Name of Employer Plains Cotton Growers Inc. Occupation Vice President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 24 / 2015

Transaction ID : A-CF35981

Amount of Each Receipt this Period
250

B. Full Name (Last, First, Middle Initial)
Steven C. Hey

Mailing Address 5100 W 8th Street

City Sioux Falls State SD Zip Code 57107-0518

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

Name of Employer School Bus Inc Occupation Management

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 09 / 2015

Transaction ID : A-CF35846

Amount of Each Receipt this Period
500

C. Full Name (Last, First, Middle Initial)
Irving A. Hinderaker

Mailing Address 500 16th Avenue NE Apt. 21

City Watertown State SD Zip Code 57201-8699

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

Name of Employer Austin Hinderaker Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **750**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 13 / 2015

Transaction ID : A-CF35757

Amount of Each Receipt this Period
250

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Earl J. Hinricher

Mailing Address 40473 221st Street

City State Zip Code
Forestburg SD 57314-6802

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

Name of Employer Occupation
Haven Regional Medical Cen Pharmacist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 01 / 2015

Transaction ID : A-CF36144

Amount of Each Receipt this Period
250

B. Full Name (Last, First, Middle Initial)
Theodore J Hofer

Mailing Address PO Box 331

City State Zip Code
Bridgewater SD 57319-0331

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 03 / 2015

Transaction ID : A-CF36223

Amount of Each Receipt this Period
200

C. Full Name (Last, First, Middle Initial)
Janice L. Hoffmann

Mailing Address 288 S Lake Drive

City State Zip Code
Watertown SD 57201-5431

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1300

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 12 / 2015

Transaction ID : A-MCNF708

Amount of Each Receipt this Period
1300

Reattribution to spouse
[MEMO ITEM]

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

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

450.00

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

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

FOR LINE NUMBER: PAGE 33 OF 157
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Robert T. Hoffmann

Mailing Address 288 S Lake Drive

City State Zip Code
Watertown SD 57201-5431

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 23 / 2015

Transaction ID : A-CF35815

Amount of Each Receipt this Period
4000

Reattribution/Redesignation requested

B. Full Name (Last, First, Middle Initial)
Robert T. Hoffmann

Mailing Address 288 S Lake Drive

City State Zip Code
Watertown SD 57201-5431

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 12 / 2015

Transaction ID : A-MCNF707

Amount of Each Receipt this Period
-1300

Reattribution from spouse
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Maxine J. Hogstad

Mailing Address 809 N Broadway

City State Zip Code
Watertown SD 57201-1434

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
225

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 10 / 2015

Transaction ID : A-CF35724

Amount of Each Receipt this Period
100

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

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

4100.00

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

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

FOR LINE NUMBER: PAGE 34 OF 157
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Daniel C. Holland

Mailing Address 378 Wildflower Road

City State Zip Code
Yankton SD 57078-6770

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
800

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 13 / 2015

Transaction ID : A-CF36269

Amount of Each Receipt this Period
300

B. Full Name (Last, First, Middle Initial)
Jack E. Hopkins

Mailing Address 1012 W Lantana Circle

City State Zip Code
Sioux Falls SD 57108-2848

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

Name of Employer Occupation
CorTrust Bank President/Chief Executive Officer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 10 / 2015

Transaction ID : A-CF35892

Amount of Each Receipt this Period
1000

C. Full Name (Last, First, Middle Initial)
Steven T. Horning

Mailing Address PO Box 304

City State Zip Code
Watertown SD 57201-0304

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

Name of Employer Occupation
Horning & Horning CPA

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 22 / 2015

Transaction ID : A-CF35806

Amount of Each Receipt this Period
500

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

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

1800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Dianne M. Jacobson

Mailing Address 1116 W Goldthread Circle

City State Zip Code
Sioux Falls SD 57108-2824

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

Name of Employer Occupation
Malloy Electric Self-Employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1354

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 01 / 2015

Transaction ID : A-IF35822

Amount of Each Receipt this Period
1354

Inkind: Food/Beverage

B. Full Name (Last, First, Middle Initial)
Garry W. Jacobson

Mailing Address 1116 W Goldthread Circle

City State Zip Code
Sioux Falls SD 57108-2824

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

Name of Employer Occupation
Malloy Electric & Bearing Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2354

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 01 / 2015

Transaction ID : A-IF35821

Amount of Each Receipt this Period
1354

Inkind: Food/Beverage

C. Full Name (Last, First, Middle Initial)
Jeffrey P. Jones

Mailing Address 2808 S Saint Francis Lane

City State Zip Code
Sioux Falls SD 57103-4672

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 24 / 2015

Transaction ID : A-CF35982

Amount of Each Receipt this Period
250

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

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

2958.00

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

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

FOR LINE NUMBER: PAGE 36 OF 157
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Kendall Jones

Mailing Address 2808 S Saint Francis Lane

City State Zip Code
Sioux Falls SD 57103-4672

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

Name of Employer Occupation
ProAg Insurance

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 24 / 2015

Transaction ID : A-CF35983

Amount of Each Receipt this Period
250

B. Full Name (Last, First, Middle Initial)
Glenn L. Jorgenson

Mailing Address PO Box 89303

City State Zip Code
Sioux Falls SD 57109-9303

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

Name of Employer Occupation
River Park CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 04 / 2015

Transaction ID : A-CF35859

Amount of Each Receipt this Period
500

C. Full Name (Last, First, Middle Initial)
Verle W. Jucht

Mailing Address 25875 475th Avenue

City State Zip Code
Renner SD 57055-6505

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 25 / 2015

Transaction ID : A-CF36394

Amount of Each Receipt this Period
100

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

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

850.00

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

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

FOR LINE NUMBER: PAGE 37 OF 157
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kristi for Congress

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

Mailing Address 409 E Saint Andrews Drive

City State Zip Code
Sioux Falls SD 57108-6415

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

Name of Employer Occupation
Avera McKennan Physician/Administration

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 20 / 2015

Transaction ID : A-CF35790

Amount of Each Receipt this Period
500

B. Full Name (Last, First, Middle Initial)
Elmer Karl

Mailing Address PO Box 148

City State Zip Code
Gregory SD 57533-0148

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

Name of Employer Occupation
Karl TV and Appliance Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 28 / 2015

Transaction ID : A-CF36480

Amount of Each Receipt this Period
500

C. Full Name (Last, First, Middle Initial)
Tom J. Kauer

Mailing Address PO Box 282

City State Zip Code
Winner SD 57580-0282

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

Name of Employer Occupation
Statewide Ag Insurance Insurance Agent

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 17 / 2015

Transaction ID : A-CF35929

Amount of Each Receipt this Period
250

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Peter L. Kelley

Mailing Address 1301 Delaware Avenue SW
N801/802

City Washington State DC Zip Code 20024-3929

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

Name of Employer American Wind Energy Assoc. Occupation Vice President, Public Affairs

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : A-CF36534

Amount of Each Receipt this Period
250

B. Full Name (Last, First, Middle Initial)
Michelle Kessel

Mailing Address PO Box 24

City Bowdle State SD Zip Code 57428-0024

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

Name of Employer Double M Crop Service Occupation Crop Insurance Sales

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 17 / 2015

Transaction ID : A-CF35930

Amount of Each Receipt this Period
500

C. Full Name (Last, First, Middle Initial)
Michelle Kessel

Mailing Address PO Box 24

City Bowdle State SD Zip Code 57428-0024

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

Name of Employer Double M Crop Service Occupation Crop Insurance Sales

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 20 / 2015

Transaction ID : A-CF35938

Amount of Each Receipt this Period
500

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Nick Ksenych

Mailing Address 1130 Skyline Drive

City State Zip Code
Watertown SD 57201-1327

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 22 / 2015

Transaction ID : A-CF35808

Amount of Each Receipt this Period
500

B. Full Name (Last, First, Middle Initial)
William Stiles Lamont

Mailing Address PO Box 18

City State Zip Code
Aberdeen SD 57402-0018

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

Name of Employer Occupation
William Lamont Design Consul Architect/Planner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 25 / 2015

Transaction ID : A-CF36427

Amount of Each Receipt this Period
300

C. Full Name (Last, First, Middle Initial)
Mary Ellen Lantis

Mailing Address PO Box 699

City State Zip Code
Spearfish SD 57783-0699

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

Name of Employer Occupation
Lantis Enterprise President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4250

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : A-CF35837

Amount of Each Receipt this Period
250

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

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

1050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Mary Ellen Lantis

Mailing Address PO Box 699

City Spearfish State SD Zip Code 57783-0699

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

Name of Employer Lantis Enterprise Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **4250**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 03 / 2015

Transaction ID : A-CF35855

Amount of Each Receipt this Period
1000

B. Full Name (Last, First, Middle Initial)
Mary Ellen Lantis

Mailing Address PO Box 699

City Spearfish State SD Zip Code 57783-0699

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

Name of Employer Lantis Enterprise Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **4250**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 21 / 2015

Transaction ID : A-CF36408

Amount of Each Receipt this Period
2000

Reattribution/Redesignation requested

C. Full Name (Last, First, Middle Initial)
Mary Ellen Lantis

Mailing Address PO Box 699

City Spearfish State SD Zip Code 57783-0699

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

Name of Employer Lantis Enterprise Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **4250**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : A-MCNF721

Amount of Each Receipt this Period
-1550

Redesignation from primary
[MEMO ITEM]

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Mary Ellen Lantis

Mailing Address **PO Box 699**

City **Spearfish** State **SD** Zip Code **57783-0699**

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

Name of Employer **Lantis Enterprise** Occupation **President**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **4250**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : A-MCNF722

Amount of Each Receipt this Period
1550

Redesignation to general

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Ken Larsen

Mailing Address **13733 47th Avenue W**

City **Rapid City** State **SD** Zip Code **57702-6524**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1750**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 28 / 2015

Transaction ID : A-CF36455

Amount of Each Receipt this Period
500

C. Full Name (Last, First, Middle Initial)
Scott Larson

Mailing Address **25614 Viking Court**

City **Mitchell** State **SD** Zip Code **57301-6290**

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

Name of Employer **Custom Touch Homes** Occupation **Owner**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 14 / 2015

Transaction ID : A-CF36521

Amount of Each Receipt this Period
250

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 42 OF 157
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Jeff S. Lutt

Mailing Address 7301 S Shadow Creek Avenue

City State Zip Code
Sioux Falls SD 57108-8194

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

Name of Employer Occupation
POET CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 14 / 2015

Transaction ID : A-CF36364

Amount of Each Receipt this Period
500

B. Full Name (Last, First, Middle Initial)
Max L. Leget

Mailing Address 435 Prentis Avenue

City State Zip Code
Vermillion SD 57069-2515

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
375

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 08 / 2015

Transaction ID : A-CF36301

Amount of Each Receipt this Period
150

C. Full Name (Last, First, Middle Initial)
Herbert Alan Levin

Mailing Address 724 E Grinnell Drive

City State Zip Code
Burbank CA 91501-1720

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

Name of Employer Occupation
California DOJ Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
325

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 18 / 2015

Transaction ID : A-CF36381

Amount of Each Receipt this Period
75

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

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

725.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
William Lindquist

Mailing Address 2609 E Regency Court

City State Zip Code
Sioux Falls SD 57103-5312

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

Name of Employer Occupation
Bank of America Sr. Financial Advisor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1250

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 10 / 2015

Transaction ID : A-CF35894

Amount of Each Receipt this Period
250

B. Full Name (Last, First, Middle Initial)
Eric Lindstrom

Mailing Address 606 Walter Way

City State Zip Code
Bismarck ND 58503-0397

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

Name of Employer Occupation
Ducks Unlimited Government relations

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 16 / 2015

Transaction ID : A-CF36384

Amount of Each Receipt this Period
250

C. Full Name (Last, First, Middle Initial)
Katherine M. Looby

Mailing Address 5021 S Old Yankton Place

City State Zip Code
Sioux Falls SD 57108-2637

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3300

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 11 / 2015

Transaction ID : A-MCNF711

Amount of Each Receipt this Period
-600

Redesignation from primary
[MEMO ITEM]

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

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Katherine M. Looby

Mailing Address 5021 S Old Yankton Place

City: Sioux Falls State: SD Zip Code: 57108-2637

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

Name of Employer: Homemaker Occupation: Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **6000**

Date of Receipt: 06 / 29 / 2015

Transaction ID : A-RRF35606

Amount of Each Receipt this Period: **1000**

Reattribution/Redesignation requested

[MEMO ITEM]
As originally reported -- see reattribution/redesignation memos.

B. Full Name (Last, First, Middle Initial)
Katherine M. Looby

Mailing Address 5021 S Old Yankton Place

City: Sioux Falls State: SD Zip Code: 57108-2637

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

Name of Employer: Homemaker Occupation: Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **3300**

Date of Receipt: 08 / 11 / 2015

Transaction ID : A-MCNF712

Amount of Each Receipt this Period: **600**

Redesignation to general

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Katherine M. Looby

Mailing Address 5021 S Old Yankton Place

City: Sioux Falls State: SD Zip Code: 57108-2637

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

Name of Employer: Homemaker Occupation: Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **3300**

Date of Receipt: 08 / 11 / 2015

Transaction ID : A-MCNF713

Amount of Each Receipt this Period: **-400**

Reattribution from spouse

[MEMO ITEM]

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Peter A. Looby

Mailing Address 5021 S Old Yankton Place

City State Zip Code
Sioux Falls SD 57108-2637

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

Name of Employer Occupation
Orthopedic Institute Surgeon

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 11 / 2015

Transaction ID : A-MCNF714

Amount of Each Receipt this Period
400

Reattribution to spouse

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Michael V. Luken

Mailing Address PO Box 374

City State Zip Code
Watertown SD 57201-0374

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

Name of Employer Occupation
Little Jennys Trucking Sales

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 22 / 2015

Transaction ID : A-CF35810

Amount of Each Receipt this Period
1000

C. Full Name (Last, First, Middle Initial)
Leonard W Makens

Mailing Address 42563 168th Street

City State Zip Code
Clark SD 57225-5814

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : A-CF36457

Amount of Each Receipt this Period
250

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Michael N. Marnach

Mailing Address 300 N Phillips Avenue
Apt. 305

City State Zip Code
Sioux Falls SD 57104-6047

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

Name of Employer Occupation
Sioux Falls Airport Executive Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015

Transaction ID : A-CF36147

Amount of Each Receipt this Period
500

B. Full Name (Last, First, Middle Initial)
Michael Mason

Mailing Address PO Box 191

City State Zip Code
Highmore SD 57345-0191

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

Name of Employer Occupation
Great American Insurance Marketing Rep

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 13 / 2015

Transaction ID : A-CF35926

Amount of Each Receipt this Period
250

C. Full Name (Last, First, Middle Initial)
Melbourne K. McCrea

Mailing Address 47148 145th Street

City State Zip Code
Twin Brooks SD 57269-5325

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

Name of Employer Occupation
Administrative Support Services Management

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
275

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2015

Transaction ID : A-CF36409

Amount of Each Receipt this Period
100

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Larry McGillis

Mailing Address 713 Parke Ave

City Portland State ND Zip Code 58274

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

Name of Employer Mayport Insurance Occupation Agent

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : A-CF35895

Amount of Each Receipt this Period
250

B. Full Name (Last, First, Middle Initial)
Michael Trevor Messinger

Mailing Address 4237 Severson Street

City Rapid City State SD Zip Code 57702-5207

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

Name of Employer Coca-Cola High Country Occupation Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 12 / 2015

Transaction ID : A-CF35745

Amount of Each Receipt this Period
500

C. Full Name (Last, First, Middle Initial)
Dori L. Moffatt

Mailing Address 1219 Cherry Drive

City Watertown State SD Zip Code 57201-8208

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 10 / 2015

Transaction ID : A-CF35735

Amount of Each Receipt this Period
250

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 48 OF 157
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
John Nagel

Mailing Address 1104 College Street

City Springfield State SD Zip Code 57062-2192

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

Name of Employer Self-Employed Occupation Farmer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **450**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 01 / 2015

Transaction ID : A-CF36128

Amount of Each Receipt this Period
300

B. Full Name (Last, First, Middle Initial)
Joy C. Nelson

Mailing Address 11 19th Street NE

City Watertown State SD Zip Code 57201-3937

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

Name of Employer Self-Employed Occupation Real Estate

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 10 / 2015

Transaction ID : A-CF35725

Amount of Each Receipt this Period
1000

C. Full Name (Last, First, Middle Initial)
Sharon Noem

Mailing Address 44557 192nd Street

City Lake Norden State SD Zip Code 57248-5800

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 13 / 2015

Transaction ID : A-CF35758

Amount of Each Receipt this Period
500

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

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

1800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Richard R. Olander

Mailing Address 1742 N Fitzgerald Lane

City Hanford State CA Zip Code 93230-7901

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **440**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2015

Transaction ID : A-CF36367

Amount of Each Receipt this Period
200

B. Full Name (Last, First, Middle Initial)
Robert L. Olson

Mailing Address 63150 Opossum Lane

City Montrose State CO Zip Code 81403-9603

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 08 / 2015

Transaction ID : A-CF36306

Amount of Each Receipt this Period
50

C. Full Name (Last, First, Middle Initial)
Ronald Arthur Parsons Jr.

Mailing Address 101 S Main Avenue
Apt. 601

City Sioux Falls State SD Zip Code 57104-6416

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

Name of Employer Johnson Heidepriem & Abdallah LLP Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 04 / 2015

Transaction ID : A-CF35861

Amount of Each Receipt this Period
500

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Greg Pearson

Mailing Address 22006 405th Avenue

City Forestburg State SD Zip Code 57314-6813

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

Name of Employer Intel Occupation Chief Sales Officer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : A-CF36175

Amount of Each Receipt this Period
1000

B. Full Name (Last, First, Middle Initial)
Evelyn J. Pederson

Mailing Address 47468 280th Street

City Worthing State SD Zip Code 57077-5738

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **570**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 04 / 2015

Transaction ID : A-CF36169

Amount of Each Receipt this Period
100

C. Full Name (Last, First, Middle Initial)
Evelyn J. Pederson

Mailing Address 47468 280th Street

City Worthing State SD Zip Code 57077-5738

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **570**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : A-CF36449

Amount of Each Receipt this Period
20

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

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

1120.00

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

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

FOR LINE NUMBER: PAGE 51 OF 157
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Carol Pollard

Mailing Address 1625 Northridge Drive
Unit 211

City State Zip Code
Watertown SD 57201-8695

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 01 / 2015

Transaction ID : A-CF36152

Amount of Each Receipt this Period
150

B. Full Name (Last, First, Middle Initial)
Martin Printz

Mailing Address 16784 Marty Road

City State Zip Code
New Underwood SD 57761-6021

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

Name of Employer Occupation
Self-Employed Farmer/Rancher

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 01 / 2015

Transaction ID : A-CF36153

Amount of Each Receipt this Period
250

C. Full Name (Last, First, Middle Initial)
Patrick Raffaniello

Mailing Address 1161 Old Gate Court

City State Zip Code
Mc Lean VA 22102-2532

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

Name of Employer Occupation
Self-Employed Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 29 / 2015

Transaction ID : A-CF36463

Amount of Each Receipt this Period
2500

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

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

2900.00

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

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

FOR LINE NUMBER: PAGE 52 OF 157
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Elling L. Ramsey

Mailing Address 410 S Pawnee Street

City State Zip Code
Pierre SD 57501-3230

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 03 / 2015

Transaction ID : A-CF35856

Amount of Each Receipt this Period
50

B. Full Name (Last, First, Middle Initial)
Elling L. Ramsey

Mailing Address 410 S Pawnee Street

City State Zip Code
Pierre SD 57501-3230

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : A-CF36110

Amount of Each Receipt this Period
50

C. Full Name (Last, First, Middle Initial)
Edward M. Randazzo

Mailing Address 516 E Tallent Street

City State Zip Code
Rapid City SD 57701-5733

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

Name of Employer Occupation
Family Heritage Alliance Public Policy Analyst

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : A-CF36173

Amount of Each Receipt this Period
50

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

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

150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Edward M. Randazzo

Mailing Address 516 E Tallent Street

City State Zip Code
Rapid City SD 57701-5733

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

Name of Employer Occupation
Family Heritage Alliance Public Policy Analyst

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 08 / 2015

Transaction ID : A-CF36308

Amount of Each Receipt this Period
200

B. Full Name (Last, First, Middle Initial)
Edward M. Randazzo

Mailing Address 516 E Tallent Street

City State Zip Code
Rapid City SD 57701-5733

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

Name of Employer Occupation
Family Heritage Alliance Public Policy Analyst

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 29 / 2015

Transaction ID : A-CF36438

Amount of Each Receipt this Period
50

C. Full Name (Last, First, Middle Initial)
Grove A. Rathbun

Mailing Address 255 Texas Street
Apt. H347

City State Zip Code
Rapid City SD 57701-7387

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 21 / 2015

Transaction ID : A-CF36413

Amount of Each Receipt this Period
200

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

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

450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Larry H. Ritz

Mailing Address 5214 S Sweetbriar Court

City State Zip Code
Sioux Falls SD 57108-2855

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : A-CF35897

Amount of Each Receipt this Period
250

B. Full Name (Last, First, Middle Initial)
Ronald J. Rivett

Mailing Address PO Box 4850

City State Zip Code
Aberdeen SD 57402-4850

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

Name of Employer Occupation
The Rivett Group Chairman

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : A-CF36526

Amount of Each Receipt this Period
5000

Reattribution/Redesignation requested

C. Full Name (Last, First, Middle Initial)
Ronald J. Rivett

Mailing Address PO Box 4850

City State Zip Code
Aberdeen SD 57402-4850

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

Name of Employer Occupation
The Rivett Group Chairman

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : A-MCNF723

Amount of Each Receipt this Period
-2300

Redesignation from primary
[MEMO ITEM]

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

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

5250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Ronald J. Rivett

Mailing Address PO Box 4850

City Aberdeen State SD Zip Code 57402-4850

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

Name of Employer The Rivett Group Occupation Chairman

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : A-MCNF724

Amount of Each Receipt this Period
2300

Redesignation to general

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Beverly Roberts

Mailing Address 219 Islay Avenue

City Fort Pierre State SD Zip Code 57532-2302

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 01 / 2015

Transaction ID : A-CF36154

Amount of Each Receipt this Period
100

C. Full Name (Last, First, Middle Initial)
Pam Roberts

Mailing Address 1123 Woodriver Drive

City Pierre State SD Zip Code 57501-5224

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

Name of Employer State of South Dakota Occupation Personnel Office

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 10 / 2015

Transaction ID : A-CF35898

Amount of Each Receipt this Period
1000

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

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

1100.00

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

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

FOR LINE NUMBER: PAGE 56 OF 157
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Grant V. Rodkey

Mailing Address 24 Marcia Road

City Watertown State MA Zip Code 02472-4920

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

Name of Employer VA Boston Healthcare System Occupation Surgeon

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 08 / 2015

Transaction ID : A-CF36309

Amount of Each Receipt this Period
250

B. Full Name (Last, First, Middle Initial)
Jean M Rokusek-Hunhoff

Mailing Address 2511 Mulligan Drive

City Yankton State SD Zip Code 57078-5303

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

Name of Employer Avera Sacred Heart Hospital Occupation Compliance Officer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 30 / 2015

Transaction ID : A-CF35834

Amount of Each Receipt this Period
250

C. Full Name (Last, First, Middle Initial)
Elaine Rommereim

Mailing Address 44086 187th Street

City Bryant State SD Zip Code 57221-7108

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 21 / 2015

Transaction ID : A-CF35777

Amount of Each Receipt this Period
500

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 57 OF 157
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Arthur R. Russo

Mailing Address **PO Box 1121**

City **Aberdeen** State **SD** Zip Code **57402-1121**

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

Name of Employer **Rhodes Properties** Occupation **Self-Employed**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 10 / 2015

Transaction ID : A-CF35737

Amount of Each Receipt this Period
2700

B. Full Name (Last, First, Middle Initial)
Thomas E Saunders

Mailing Address **2103 Sapphire Court**

City **Aberdeen** State **SD** Zip Code **57401-7389**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 01 / 2015

Transaction ID : A-CF36155

Amount of Each Receipt this Period
100

C. Full Name (Last, First, Middle Initial)
Frederick W Schaffer

Mailing Address **411 N 6th Street
3877**

City **Emery** State **SD** Zip Code **57332-2124**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **325**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 14 / 2015

Transaction ID : A-CF36520

Amount of Each Receipt this Period
25

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

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

2825.00

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

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

FOR LINE NUMBER: PAGE 58 OF 157
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Frederick W Schaffer

Mailing Address 411 N 6th Street
3877

City Emery State SD Zip Code 57332-2124

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **325**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : A-CF36452

Amount of Each Receipt this Period
 50

B. Full Name (Last, First, Middle Initial)
David H. Schelle

Mailing Address PO Box 295

City Chamberlain State SD Zip Code 57325-0295

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

Name of Employer Statewide Ag Insurance Inc. Occupation Crop Insurance Agent

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 13 / 2015

Transaction ID : A-CF35925

Amount of Each Receipt this Period
 1000

C. Full Name (Last, First, Middle Initial)
Todd J. Schlekeway

Mailing Address 1813 S Remington Circle

City Sioux Falls State SD Zip Code 57106-5309

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

Name of Employer National Assn Tower Erectors Occupation Executive Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : A-CF35899

Amount of Each Receipt this Period
 500

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

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

1550.00

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

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

FOR LINE NUMBER: PAGE 59 OF 157
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Lee Schull

Mailing Address 405 1st Avenue NE

City State Zip Code
Watertown SD 57201-2701

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

Name of Employer Occupation
Building Products Inc. President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 22 / 2015

Transaction ID : A-CF35811

Amount of Each Receipt this Period
1000

B. Full Name (Last, First, Middle Initial)
Nicholas R. Sershen

Mailing Address 5104 S Woodwind Avenue

City State Zip Code
Sioux Falls SD 57108-5122

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

Name of Employer Occupation
Val-Add Service Corp VP Development

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 28 / 2015

Transaction ID : A-CF35825

Amount of Each Receipt this Period
500

C. Full Name (Last, First, Middle Initial)
Douglas J. Sharp

Mailing Address 16717 448th Avenue

City State Zip Code
Watertown SD 57201-7546

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

Name of Employer Occupation
Sharps Business Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 03 / 2015

Transaction ID : A-CF35857

Amount of Each Receipt this Period
1000

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Daniel F. Shaw

Mailing Address 1038 NE 9th Street

City Madison State SD Zip Code 57042-0903

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 01 / 2015

Transaction ID : A-CF36133

Amount of Each Receipt this Period
50

B. Full Name (Last, First, Middle Initial)
Ralph Siemonsma

Mailing Address 1755 Iron Horse Loop

City Spearfish State SD Zip Code 57783-9811

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

Name of Employer Siemonsma Const Inc Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : A-CF35900

Amount of Each Receipt this Period
500

C. Full Name (Last, First, Middle Initial)
Judith K. Sisson

Mailing Address 47446 272nd Street

City Harrisburg State SD Zip Code 57032-8106

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

Name of Employer Sisson Printing Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 04 / 2015

Transaction ID : A-CF36257

Amount of Each Receipt this Period
100

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

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

650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Jeremy J Smith

Mailing Address 2540 Green Tree Drive S
Apt. D

City Lexington Park State MD Zip Code 20653-3764

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **600**

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 01 / 2015

Transaction ID : A-CF36134

Amount of Each Receipt this Period
600

B. Full Name (Last, First, Middle Initial)
Stacy Smith

Mailing Address 429 Fm 1730

City Wilson State TX Zip Code 79381-2306

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

Name of Employer Information Requested Occupation Information Requested
Plains Cotton Growers Farmer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 26 / 2015

Transaction ID : A-CF36024

Amount of Each Receipt this Period
250

C. Full Name (Last, First, Middle Initial)
Jerry Sohlt

Mailing Address 2628 E Regency Court

City Sioux Falls State SD Zip Code 57103-5313

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

Name of Employer Information Requested Occupation Information Requested
Plunketts Advertising Vice President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 10 / 2015

Transaction ID : A-CF35902

Amount of Each Receipt this Period
250

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

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

1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Paul A. Soulek

Mailing Address **PO Box 699**

City **Spearfish** State **SD** Zip Code **57783-0699**

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

Name of Employer **Self-Employed** Occupation **Rancher/Farmer**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 17 / 2015

Transaction ID : A-CF36418

Amount of Each Receipt this Period
1000

B. Full Name (Last, First, Middle Initial)
Wendy Lantis Soulek

Mailing Address **PO Box 699**

City **Spearfish** State **SD** Zip Code **57783-0699**

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

Name of Employer **Priority Co.** Occupation **President**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2200**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 10 / 2015

Transaction ID : A-CF35734

Amount of Each Receipt this Period
50

C. Full Name (Last, First, Middle Initial)
Wendy Lantis Soulek

Mailing Address **PO Box 699**

City **Spearfish** State **SD** Zip Code **57783-0699**

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

Name of Employer **Priority Co.** Occupation **President**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2200**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 20 / 2015

Transaction ID : A-CF35791

Amount of Each Receipt this Period
50

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

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

1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Wendy Lantis Soulek

Mailing Address PO Box 699

City Spearfish State SD Zip Code 57783-0699

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

Name of Employer Priority Co. Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2200**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 04 / 2015

Transaction ID : A-CF35860

Amount of Each Receipt this Period
50

B. Full Name (Last, First, Middle Initial)
Wendy Lantis Soulek

Mailing Address PO Box 699

City Spearfish State SD Zip Code 57783-0699

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

Name of Employer Priority Co. Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2200**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 17 / 2015

Transaction ID : A-CF35931

Amount of Each Receipt this Period
50

C. Full Name (Last, First, Middle Initial)
Wendy Lantis Soulek

Mailing Address PO Box 699

City Spearfish State SD Zip Code 57783-0699

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

Name of Employer Priority Co. Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2200**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : A-CF36115

Amount of Each Receipt this Period
50

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

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

150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Wendy Lantis Soulek

Mailing Address PO Box 699

City Spearfish State SD Zip Code 57783-0699

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

Name of Employer Priority Co. Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2200**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2015

Transaction ID : A-CF36363

Amount of Each Receipt this Period
 50

B. Full Name (Last, First, Middle Initial)
Wendy Lantis Soulek

Mailing Address PO Box 699

City Spearfish State SD Zip Code 57783-0699

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

Name of Employer Priority Co. Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2200**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2015

Transaction ID : A-CF36419

Amount of Each Receipt this Period
 1000

C. Full Name (Last, First, Middle Initial)
Wendy Lantis Soulek

Mailing Address PO Box 699

City Spearfish State SD Zip Code 57783-0699

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

Name of Employer Priority Co. Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2200**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2015

Transaction ID : A-CF36481

Amount of Each Receipt this Period
 50

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

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

1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
James C. Spies

Mailing Address PO Box 90

City: Watertown State: SD Zip Code: 57201-0090

FEC ID number of contributing federal political committee: C

Name of Employer: Spies Corporation Occupation: President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 500

Date of Receipt: 07 / 22 / 2015

Transaction ID : A-CF35812

Amount of Each Receipt this Period: 500

B. Full Name (Last, First, Middle Initial)
Richard Stinson

Mailing Address PO Box 79

City: Hermosa State: SD Zip Code: 57744-0079

FEC ID number of contributing federal political committee: C

Name of Employer: ProAg Occupation: National Comms & Media Mgr

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 250

Date of Receipt: 08 / 24 / 2015

Transaction ID : A-CF35989

Amount of Each Receipt this Period: 250

C. Full Name (Last, First, Middle Initial)
Marian D. Sullivan

Mailing Address 3017 W Donahue Drive

City: Sioux Falls State: SD Zip Code: 57105-0153

FEC ID number of contributing federal political committee: C

Name of Employer: Sullivan, Inc. Occupation: Self-Employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 1800

Date of Receipt: 08 / 10 / 2015

Transaction ID : A-CF35904

Amount of Each Receipt this Period: 300

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

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

1050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
William D. Taunton Sr.

Mailing Address 40124 227th Street

City Woonsocket State SD Zip Code 57385-6819

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

Name of Employer Self-Employed Occupation Rancher

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 02 / 2015

Transaction ID : A-CF36210

Amount of Each Receipt this Period
 1000

B. Full Name (Last, First, Middle Initial)
Ryan J. Taylor

Mailing Address 3327 S Alpine Avenue

City Sioux Falls State SD Zip Code 57110-6015

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

Name of Employer Cutler Law Firm LLP Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 04 / 2015

Transaction ID : A-CF35862

Amount of Each Receipt this Period
 500

C. Full Name (Last, First, Middle Initial)
James L. Thares

Mailing Address PO Box 1359

City Aberdeen State SD Zip Code 57402-1359

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

Name of Employer Primrose Retirement Occupation RE Development

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 03 / 2015

Transaction ID : A-CF36232

Amount of Each Receipt this Period
 1000

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Kathy M. Thorson

Mailing Address 901 W Whispering Circle

City State Zip Code
Sioux Falls SD 57108-4837

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

Name of Employer Occupation
Sioux Empire Republicans Finance Chair

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : A-CF35905

Amount of Each Receipt this Period
250

B. Full Name (Last, First, Middle Initial)
Jeff Thue

Mailing Address 1413 S Fernwood Avenue

City State Zip Code
Brandon SD 57005-2154

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

Name of Employer Occupation
Component Mfg. Sales

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : A-CF36453

Amount of Each Receipt this Period
100

C. Full Name (Last, First, Middle Initial)
Gena A. Timmerman

Mailing Address 2505 W Sleigh Creek Circle

City State Zip Code
Sioux Falls SD 57108-3003

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1250

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : A-CF35906

Amount of Each Receipt this Period
250

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

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

600.00

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

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

FOR LINE NUMBER: PAGE 68 OF 157
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Frances C. Trapp

Mailing Address 911 S Egan Avenue
Suite 104

City Madison State SD Zip Code 57042-3315

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 17 / 2015

Transaction ID : A-CF35933

Amount of Each Receipt this Period
200

B. Full Name (Last, First, Middle Initial)
Frances C. Trapp

Mailing Address 911 S Egan Avenue
Suite 104

City Madison State SD Zip Code 57042-3315

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 21 / 2015

Transaction ID : A-CF36415

Amount of Each Receipt this Period
200

C. Full Name (Last, First, Middle Initial)
James E. Vachal

Mailing Address 506 1st Avenue SE

City Watertown State SD Zip Code 57201-4402

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

Name of Employer Brown Clinic Occupation Physician Services

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 23 / 2015

Transaction ID : A-CF35783

Amount of Each Receipt this Period
500

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

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

900.00

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

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

FOR LINE NUMBER: PAGE 69 OF 157
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Ryan K. Van Laecken

Mailing Address 710 Jonathan Drive

City State Zip Code
Watertown SD 57201-5758

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

Name of Employer Occupation
Van Lacken Orthodontics Orthodontist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 22 / 2015

Transaction ID : A-CF35809

Amount of Each Receipt this Period
500

B. Full Name (Last, First, Middle Initial)
Kim L. Vanneman

Mailing Address 31148 269th Street

City State Zip Code
Ideal SD 57541-6709

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

Name of Employer Occupation
Farm Credit Services Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 10 / 2015

Transaction ID : A-CF35907

Amount of Each Receipt this Period
300

C. Full Name (Last, First, Middle Initial)
Jim E Waggoner

Mailing Address 5120 S Solberg Avenue

City State Zip Code
Sioux Falls SD 57108-2219

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

Name of Employer Occupation
VisionPoint Financial Advisor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 06 / 2015

Transaction ID : A-CF35747

Amount of Each Receipt this Period
2500

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

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

3300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Robert H. Walrath II

Mailing Address 848 Hidden Valley Drive

City Watertown State SD Zip Code 57201-5457

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2015

Transaction ID : A-CF35794

Amount of Each Receipt this Period
250

B. Full Name (Last, First, Middle Initial)
Thomas P. Walsh Sr.

Mailing Address 15 S Riverview Heights

City Sioux Falls State SD Zip Code 57105-0260

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

Name of Employer Dakota King Occupation Franchise Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : A-CF35908

Amount of Each Receipt this Period
500

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

Mailing Address 1308 W 7th Street

City Sioux Falls State SD Zip Code 57104-2837

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

Name of Employer Self-Employed Occupation Bookkeeper

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2015

Transaction ID : A-CF36031

Amount of Each Receipt this Period
300

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

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

1050.00

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

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

FOR LINE NUMBER: PAGE 71 OF 157
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Timothy C. Weber

Mailing Address 1260 Barton Lane

City Lebanon State OH Zip Code 45036-7933

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

Name of Employer Great American Insurance Occupation Insurance Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y Y
08 / 24 / 2015

Transaction ID : A-CF35992

Amount of Each Receipt this Period
250

B. Full Name (Last, First, Middle Initial)
Rosemary A. White

Mailing Address 18 Wm Holland Lane

City Sisseton State SD Zip Code 57262-2332

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **700**

Date of Receipt
 M M / D D / Y Y Y Y Y
09 / 01 / 2015

Transaction ID : A-CF36160

Amount of Each Receipt this Period
200

C. Full Name (Last, First, Middle Initial)
Ronald F. Williamson

Mailing Address PO Box 88138

City Sioux Falls State SD Zip Code 57109-8138

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

Name of Employer Williamson Management Group Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y Y
08 / 10 / 2015

Transaction ID : A-CF35909

Amount of Each Receipt this Period
250

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

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

700.00

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

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

FOR LINE NUMBER: PAGE 72 OF 157
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Gary D. Wiseman

Mailing Address 19198 436th Avenue

City State Zip Code
Bryant SD 57221-5417

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

Name of Employer Occupation
Self-Employed Farming

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
750

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 10 / 2015

Transaction ID : A-CF35739

Amount of Each Receipt this Period
250

B. Full Name (Last, First, Middle Initial)
Gary D. Wiseman

Mailing Address 19198 436th Avenue

City State Zip Code
Bryant SD 57221-5417

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

Name of Employer Occupation
Self-Employed Farming

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
750

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 01 / 2015

Transaction ID : A-CF36163

Amount of Each Receipt this Period
250

C. Full Name (Last, First, Middle Initial)
Daniel E. Wrinn

Mailing Address 1428 Ames Place NE

City State Zip Code
Washington DC 20002-6416

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

Name of Employer Occupation
Ducks Unlimited Dir of Govt Affairs

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2015

Transaction ID : A-CF35995

Amount of Each Receipt this Period
250

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. Bruce D. Yakley		Date of Receipt MM / DD / YYYY 07 / 20 / 2015
Mailing Address 170 N Harmon Drive		Transaction ID : A-CF35795
City Mitchell	State SD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1300
Name of Employer Trail King Industries	Occupation President & CEO	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000	

Full Name (Last, First, Middle Initial) B. Bruce D. Yakley		Date of Receipt MM / DD / YYYY 09 / 01 / 2015
Mailing Address 170 N Harmon Drive		Transaction ID : A-CF36164
City Mitchell	State SD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 700
Name of Employer Trail King Industries	Occupation President & CEO	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000	

Full Name (Last, First, Middle Initial) C. William G. Zimmerman		Date of Receipt MM / DD / YYYY 07 / 10 / 2015
Mailing Address 800 Mellette Avenue		Transaction ID : A-CF35740
City Pierre	State SD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600
Name of Employer Self-Employed	Occupation Rancher	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1100	

SUBTOTAL of Receipts This Page (optional).....	2600.00
TOTAL This Period (last page this line number only).....	106575.24

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 157
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Action Committee For Rural Electrification PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 4301 Wilson Boulevard
 City State Zip Code
 Arlington VA 22203-1867
 FEC ID number of contributing federal political committee. **C** C00002972
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 5000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 16 / 2015
Transaction ID : A-CF35763
 Amount of Each Receipt this Period
 2500

B. Advanced Medical Technology Association PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 Pennsylvania Avenue NW
 Suite 800
 City State Zip Code
 Washington DC 20004-2654
 FEC ID number of contributing federal political committee. **C** C00340356
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 1000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A-CF36001
 Amount of Each Receipt this Period
 1000

C. Air Methods Corporation PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1550 Larimer Street
 Suite 229
 City State Zip Code
 Denver CO 80202-1602
 FEC ID number of contributing federal political committee. **C** C00529909
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 1000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : A-CF36207
 Amount of Each Receipt this Period
 1000

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 157
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
American Association of Crop Insurers PAC

Mailing Address 1 Massachusetts Avenue NW
Suite 800

City Washington State DC Zip Code 20001-1401

FEC ID number of contributing federal political committee. **C C00172833**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 03 / 2015

Transaction ID : A-CF35850

Amount of Each Receipt this Period
2500

B. Full Name (Last, First, Middle Initial)
American Association of Crop Insurers PAC

Mailing Address 1 Massachusetts Avenue NW
Suite 800

City Washington State DC Zip Code 20001-1401

FEC ID number of contributing federal political committee. **C C00172833**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 03 / 2015

Transaction ID : A-CF35851

Amount of Each Receipt this Period
2500

C. Full Name (Last, First, Middle Initial)
American Association of Nurse Anesthetists Separate Segregated Fund

Mailing Address 222 S Prospect Avenue
C

City Park Ridge State IL Zip Code 60068-4037

FEC ID number of contributing federal political committee. **C C00173153**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2015

Transaction ID : A-CF35913

Amount of Each Receipt this Period
1000

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 157
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
American Bankers Association PAC

Mailing Address 1120 Connecticut Avenue NW
Suite 600

City Washington State DC Zip Code 20036-3971

FEC ID number of contributing federal political committee. **C C00004275**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2015

Transaction ID : A-CF35914

Amount of Each Receipt this Period
3000

B. Full Name (Last, First, Middle Initial)
American College of Radiology Association PAC

Mailing Address 1891 Preston White Drive

City Reston State VA Zip Code 20191-4326

FEC ID number of contributing federal political committee. **C C00343459**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : A-CF36529

Amount of Each Receipt this Period
1000

C. Full Name (Last, First, Middle Initial)
American Council of Life Insurers PAC

Mailing Address 101 Constitution Avenue NW
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C C00147066**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : A-CF36488

Amount of Each Receipt this Period
1500

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 157
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
American Soybean Association PAC

Mailing Address 12125 Wodcrst Exe Drive
Suite 100

City Saint Louis State MO Zip Code 63141-5009

FEC ID number of contributing federal political committee. **C C00408468**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 12 / 2015

Transaction ID : A-CF35915

Amount of Each Receipt this Period
1000

B. Full Name (Last, First, Middle Initial)
Associated Builders and Contractors PAC

Mailing Address 4250 Fairfax Drive

City Arlington State VA Zip Code 22203-1665

FEC ID number of contributing federal political committee. **C C00010421**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : A-CF36530

Amount of Each Receipt this Period
2500

C. Full Name (Last, First, Middle Initial)
Associated General Contractors of America PAC

Mailing Address 2300 Wilson Boulevard
Suite 300

City Arlington State VA Zip Code 22201-5426

FEC ID number of contributing federal political committee. **C C00082917**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 10 / 2015

Transaction ID : A-CF36266

Amount of Each Receipt this Period
1000

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 157
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Association for Advanced Life Underwriting PAC

Mailing Address 11921 Freedom Drive
Suite 1100

City Reston State VA Zip Code 20190-5634

FEC ID number of contributing federal political committee. **C** C00447565

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 6500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 13 / 2015

Transaction ID : A-CF35755

Amount of Each Receipt this Period
 1000

B. Full Name (Last, First, Middle Initial)
Association for Advanced Life Underwriting PAC

Mailing Address 11921 Freedom Drive
Suite 1100

City Reston State VA Zip Code 20190-5634

FEC ID number of contributing federal political committee. **C** C00447565

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 6500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2015

Transaction ID : A-CF35826

Amount of Each Receipt this Period
 1000

C. Full Name (Last, First, Middle Initial)
Association for Advanced Life Underwriting PAC

Mailing Address 11921 Freedom Drive
Suite 1100

City Reston State VA Zip Code 20190-5634

FEC ID number of contributing federal political committee. **C** C00447565

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 6500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2015

Transaction ID : A-CF35827

Amount of Each Receipt this Period
 1500

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

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

3500.00

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

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

FOR LINE NUMBER: PAGE 79 OF 157
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Best Buy Co., Inc Employee Political Forum

Mailing Address 7601 Penn Avenue S

City State Zip Code
Richfield MN 55423-8500

FEC ID number of contributing federal political committee. **C C00405076**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2015

Transaction ID : A-CF36002

Amount of Each Receipt this Period
1000

B. Full Name (Last, First, Middle Initial)
Best Buy Co., Inc Employee Political Forum

Mailing Address 7601 Penn Avenue S

City State Zip Code
Richfield MN 55423-8500

FEC ID number of contributing federal political committee. **C C00405076**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : A-CF36489

Amount of Each Receipt this Period
1500

C. Full Name (Last, First, Middle Initial)
BluePAC - Blue Cross Blue Shield Association PAC

Mailing Address 1310 G Street NW

City State Zip Code
Washington DC 20005-3000

FEC ID number of contributing federal political committee. **C C00194746**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2015

Transaction ID : A-CF35828

Amount of Each Receipt this Period
3000

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

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

5500.00

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

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

FOR LINE NUMBER: PAGE 80 OF 157
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
BNSF Railway Company PAC

Mailing Address PO Box 961039

City State Zip Code
Fort Worth TX 76161-0039

FEC ID number of contributing federal political committee. **C** C00235739

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : A-CF36542

Amount of Each Receipt this Period
1000

B. Full Name (Last, First, Middle Initial)
Caterpillar Inc. Employee PAC

Mailing Address 100 NE Adams Street

City State Zip Code
Peoria IL 61629-0001

FEC ID number of contributing federal political committee. **C** C00148031

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2015

Transaction ID : A-CF36003

Amount of Each Receipt this Period
1000

C. Full Name (Last, First, Middle Initial)
CGB Enterprises, Inc. PAC

Mailing Address 1127 Highway 190 East Service Road

City State Zip Code
Covington LA 70433-4929

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2015

Transaction ID : A-CF36004

Amount of Each Receipt this Period
500

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 81 OF 157
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Chevron Employees PAC

Mailing Address 6001 Bollinger Cyn Road
Bldg. A2114

City San Ramon State CA Zip Code 94583-2324

FEC ID number of contributing federal political committee. **C C00035006**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2015

Transaction ID : A-CF35829

Amount of Each Receipt this Period
2500

B. Full Name (Last, First, Middle Initial)
Citigroup Inc. PAC - Federal

Mailing Address 1101 Pennsylvania Avenue NW
Suite 1000

City Washington State DC Zip Code 20004-2524

FEC ID number of contributing federal political committee. **C C00008474**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : A-CF36531

Amount of Each Receipt this Period
1000

C. Full Name (Last, First, Middle Initial)
CMR PAC

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152-0485

FEC ID number of contributing federal political committee. **C C00469429**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2015

Transaction ID : A-CF35830

Amount of Each Receipt this Period
2500

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 82 OF 157
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Crop Insurance Professionals Association PAC

Full Name (Last, First, Middle Initial)
Mailing Address 228 S Washington Street
Suite 115
City Alexandria State VA Zip Code 22314-5404

FEC ID number of contributing federal political committee. **C C00503680**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 26 / 2015

Transaction ID : A-CF36006

Amount of Each Receipt this Period
1000

B. CULAC The PAC of Credit Union National Association

Full Name (Last, First, Middle Initial)
Mailing Address 601 Pennsylvania Avenue NW
Suite 600
City Washington State DC Zip Code 20004-2601

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 13 / 2015

Transaction ID : A-CF35756

Amount of Each Receipt this Period
1000

C. CULAC The PAC of Credit Union National Association

Full Name (Last, First, Middle Initial)
Mailing Address 601 Pennsylvania Avenue NW
Suite 600
City Washington State DC Zip Code 20004-2601

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : A-CF36532

Amount of Each Receipt this Period
1500

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

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

3500.00

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

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

FOR LINE NUMBER: PAGE 83 OF 157
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Duke Energy Corporation PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 550 S Tryon Street
 City State Zip Code
 Charlotte NC 28202-4200
 FEC ID number of contributing federal political committee. **C C00083535**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 2500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : A-CF36533
 Amount of Each Receipt this Period
 2500

B. Eye of The Tiger PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 2485
 City State Zip Code
 Springfield VA 22152-0485
 FEC ID number of contributing federal political committee. **C C00467431**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : A-CF35831
 Amount of Each Receipt this Period
 500

C. Farm Credit Council PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 50 F Street NW
 Suite 900
 City State Zip Code
 Washington DC 20001-1530
 FEC ID number of contributing federal political committee. **C C00193631**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 3500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2015
Transaction ID : A-CF35916
 Amount of Each Receipt this Period
 1000

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 157
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
General Motors Company PAC

Mailing Address 25 Massachusetts Avenue NW
Suite 400

City Washington State DC Zip Code 20001-1427

FEC ID number of contributing federal political committee. **C C00076810**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 21 / 2015

Transaction ID : A-CF35798

Amount of Each Receipt this Period
1000

B. Full Name (Last, First, Middle Initial)
Home Depot Inc. PAC

Mailing Address 101 Constitution Avenue NW
Suite 800

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C C00284885**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7500

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 26 / 2015

Transaction ID : A-CF36018

Amount of Each Receipt this Period
2500

C. Full Name (Last, First, Middle Initial)
Home Depot Inc. PAC

Mailing Address 101 Constitution Avenue NW
Suite 800

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C C00284885**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7500

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : A-CF36539

Amount of Each Receipt this Period
2500

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 157
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Home Depot Inc. PAC

Mailing Address 101 Constitution Avenue NW
Suite 800

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C C00284885**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : A-CF36540

Amount of Each Receipt this Period
2500

B. Full Name (Last, First, Middle Initial)
Honeywell International PAC

Mailing Address 101 Constitution Avenue NW
Suite 500

City Washington State DC Zip Code 20001-2133

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
9000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 20 / 2015

Transaction ID : A-CF35785

Amount of Each Receipt this Period
1000

C. Full Name (Last, First, Middle Initial)
Independent Community Bankers of America PAC

Mailing Address 1615 L Street NW
Suite 900

City Washington State DC Zip Code 20036-5623

FEC ID number of contributing federal political committee. **C C00032698**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 12 / 2015

Transaction ID : A-CF35917

Amount of Each Receipt this Period
1000

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 157
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
Kristi for Congress

A. Independent Insurance Agents & Brokers of America, Inc. PAC

Full Name (Last, First, Middle Initial)
Mailing Address 412 1st Street SE
Suite 300
City Washington State DC Zip Code 20003-1804

FEC ID number of contributing federal political committee. **C C00022343**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : A-CF36490

Amount of Each Receipt this Period
1500

B. Investment Company Institute PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1401 H Street NW
Suite 1200
City Washington State DC Zip Code 20005-2110

FEC ID number of contributing federal political committee. **C C00105981**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **8500**

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : A-CF36491

Amount of Each Receipt this Period
2500

C. Investment Company Institute PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1401 H Street NW
Suite 1200
City Washington State DC Zip Code 20005-2110

FEC ID number of contributing federal political committee. **C C00105981**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **8500**

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : A-CF36492

Amount of Each Receipt this Period
1000

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 157
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Koch Industries Inc PAC

Mailing Address 600 14th Street NW
Suite 800

City Washington State DC Zip Code 20005-2099

FEC ID number of contributing federal political committee. **C C00236489**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2015

Transaction ID : A-CF36477

Amount of Each Receipt this Period
1000

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

Mailing Address PO Box 18254

City Washington State DC Zip Code 20036-8254

FEC ID number of contributing federal political committee. **C C00280222**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2015

Transaction ID : A-CF36009

Amount of Each Receipt this Period
1500

C. Full Name (Last, First, Middle Initial)
KPMG PAC

Mailing Address PO Box 18254

City Washington State DC Zip Code 20036-8254

FEC ID number of contributing federal political committee. **C C00280222**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : A-CF36535

Amount of Each Receipt this Period
1000

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 157
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Land O'Lakes Inc/Agrilience LLC PAC

Mailing Address **PO Box 64101**

City **Saint Paul** State **MN** Zip Code **55164-0101**

FEC ID number of contributing federal political committee. **C C00009423**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : A-CF36493

Amount of Each Receipt this Period
1000

B. Full Name (Last, First, Middle Initial)
Lowe's Companies, Inc. PAC

Mailing Address **1000 Lowes Boulevard**

City **Mooresville** State **NC** Zip Code **28117-8520**

FEC ID number of contributing federal political committee. **C C00251751**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3000**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : A-CF36494

Amount of Each Receipt this Period
3000

C. Full Name (Last, First, Middle Initial)
Marathon Petroleum Corporation Employees PAC

Mailing Address **PO Box 75000**

City **Detroit** State **MI** Zip Code **48275-0001**

FEC ID number of contributing federal political committee. **C C00496307**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 26 / 2015

Transaction ID : A-CF36010

Amount of Each Receipt this Period
2500

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

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

6500.00

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

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

FOR LINE NUMBER: PAGE 89 OF 157
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Marsh & McLennan Companies, Inc. PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1166 Avenue Of The Americas
 City State Zip Code
 New York NY 10036-2708
 FEC ID number of contributing federal political committee. **C C00457234**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 2000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A-CF36011
 Amount of Each Receipt this Period
 1000

B. Mastercard International Inc. Employees' PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 2000 Purchase Street
 City State Zip Code
 Purchase NY 10577-2405
 FEC ID number of contributing federal political committee. **C C00410274**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 1000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : A-CF36495
 Amount of Each Receipt this Period
 1000

C. Metlife Inc. Employees Political Participation Fund A
 Full Name (Last, First, Middle Initial)
 Mailing Address 1095 Avenue Of The Americas
 City State Zip Code
 New York NY 10036-6797
 FEC ID number of contributing federal political committee. **C C00040923**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 2000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : A-CF36496
 Amount of Each Receipt this Period
 1000

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 157
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
NAIOP PAC

Mailing Address 2201 Cooperative Way
Floor 3

City Herndon State VA Zip Code 20171-4583

FEC ID number of contributing federal political committee. **C** C00233304

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2500

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : A-CF36536

Amount of Each Receipt this Period
 2500

B. Full Name (Last, First, Middle Initial)
Nat'l Telecommunications Cooperative Assn. PAC

Mailing Address 4121 Wilson Boulevard
Floor 10

City Arlington State VA Zip Code 22203-1839

FEC ID number of contributing federal political committee. **C** C00004473

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2500

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 26 / 2015

Transaction ID : A-CF36017

Amount of Each Receipt this Period
 2500

C. Full Name (Last, First, Middle Initial)
National Association of Real Estate Investment Trusts, Inc. PAC

Mailing Address 1875 I Street NW
Suite 600

City Washington State DC Zip Code 20006-5413

FEC ID number of contributing federal political committee. **C** C00303339

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 5000

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 22 / 2015

Transaction ID : A-CF36395

Amount of Each Receipt this Period
 500

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

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

5500.00

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

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

FOR LINE NUMBER: PAGE 91 OF 157
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. National Association of Realtors PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 430 N Michigan Avenue
 City Chicago State IL Zip Code 60611-4011
 FEC ID number of contributing federal political committee. **C C00030718**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date **2000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2015
Transaction ID : A-CF36396
 Amount of Each Receipt this Period
 1000

B. National Association Of Wheat Growers PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 415 2nd Street NE Suite 300
 City Washington State DC Zip Code 20002-4900
 FEC ID number of contributing federal political committee. **C C00139964**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date **1000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : A-CF36121
 Amount of Each Receipt this Period
 1000

C. National Beer Wholesalers Association PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1101 King Street Suite 600
 City Alexandria State VA Zip Code 22314-2965
 FEC ID number of contributing federal political committee. **C C00144766**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date **2500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : A-CF35832
 Amount of Each Receipt this Period
 2500

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

4500.00

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

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

FOR LINE NUMBER: PAGE 92 OF 157
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
National Community Pharmacists Association PAC

Mailing Address 100 Daingerfield Road

City State Zip Code
Alexandria VA 22314-6302

FEC ID number of contributing federal political committee. **C** C00030809

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 16 / 2015

Transaction ID : A-CF35764

Amount of Each Receipt this Period
1500

B. Full Name (Last, First, Middle Initial)
National Community Pharmacists Association PAC

Mailing Address 100 Daingerfield Road

City State Zip Code
Alexandria VA 22314-6302

FEC ID number of contributing federal political committee. **C** C00030809

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : A-CF36543

Amount of Each Receipt this Period
2500

C. Full Name (Last, First, Middle Initial)
National Cotton Council Committee for the Advancement of Cotton

Mailing Address PO Box 2995

City State Zip Code
Cordova TN 38088-2995

FEC ID number of contributing federal political committee. **C** C00023028

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2015

Transaction ID : A-CF36005

Amount of Each Receipt this Period
2000

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

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

6000.00

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

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

FOR LINE NUMBER: PAGE 93 OF 157
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. National Electrical Contractors Association PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Bethesda Metro Center
 Suite 1100
 City State Zip Code
 Bethesda MD 20814-6302
 FEC ID number of contributing federal political committee. **C C00113811**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 2500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2015
Transaction ID : A-CF35918
 Amount of Each Receipt this Period
 1000

B. National Emergency Medicine PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1125 Executive Circle
 City State Zip Code
 Irving TX 75038-2522
 FEC ID number of contributing federal political committee. **C C00140061**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 1500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : A-CF36012
 Amount of Each Receipt this Period
 1500

C. National Retail Federation PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 7th Street NW
 Suite 1100
 City State Zip Code
 Washington DC 20004-2825
 FEC ID number of contributing federal political committee. **C C00040329**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 1000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : A-CF36538
 Amount of Each Receipt this Period
 1000

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 157
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. New York Life Insurance Company PAC

Full Name (Last, First, Middle Initial)
New York Life Insurance Company PAC

Mailing Address 51 Madison Avenue
Room 1109

City New York State NY Zip Code 10010-1603

FEC ID number of contributing federal political committee. **C C00158881**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015

Transaction ID : A-CF36336

Amount of Each Receipt this Period
1500

B. Pacific Life Insurance Company PAC

Full Name (Last, First, Middle Initial)
Pacific Life Insurance Company PAC

Mailing Address 700 Newport Center Drive

City Newport Beach State CA Zip Code 92660-6307

FEC ID number of contributing federal political committee. **C C00068528**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2015

Transaction ID : A-CF36013

Amount of Each Receipt this Period
2500

C. PricewaterhouseCoopers PAC I

Full Name (Last, First, Middle Initial)
PricewaterhouseCoopers PAC I

Mailing Address 1301 K Street NW
Suite 800W

City Washington State DC Zip Code 20005-3317

FEC ID number of contributing federal political committee. **C C00107235**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10000

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : A-CF36497

Amount of Each Receipt this Period
2500

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

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

6500.00

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

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

FOR LINE NUMBER: PAGE 95 OF 157
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Principal Life Insurance Company PAC

Mailing Address 711 High Street

City State Zip Code
Des Moines IA 50392-0001

FEC ID number of contributing federal political committee. **C C00128918**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 26 / 2015

Transaction ID : A-CF36014

Amount of Each Receipt this Period
1000

B. Full Name (Last, First, Middle Initial)
Rain and Hail Insurance Society PAC

Mailing Address 9200 Northpark Drive
Suite 300

City State Zip Code
Johnston IA 50131-3006

FEC ID number of contributing federal political committee. **C C00279505**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 26 / 2015

Transaction ID : A-CF36015

Amount of Each Receipt this Period
1000

C. Full Name (Last, First, Middle Initial)
Rain and Hail Insurance Society PAC

Mailing Address 9200 Northpark Drive
Suite 300

City State Zip Code
Johnston IA 50131-3006

FEC ID number of contributing federal political committee. **C C00279505**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 26 / 2015

Transaction ID : A-CF36016

Amount of Each Receipt this Period
4000

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 157
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Raytheon Company PAC

Mailing Address 1100 Wilson Boulevard
Suite 1500

City State Zip Code
Arlington VA 22209-3900

FEC ID number of contributing federal political committee. **C C00097568**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 25 / 2015

Transaction ID : A-CF35993

Amount of Each Receipt this Period
1000

B. Full Name (Last, First, Middle Initial)
Retail Industry Leaders Association PAC

Mailing Address 1700 N Moore Street
Suite 2250

City State Zip Code
Arlington VA 22209-1933

FEC ID number of contributing federal political committee. **C C00112763**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : A-CF36537

Amount of Each Receipt this Period
1000

C. Full Name (Last, First, Middle Initial)
Scalise for Congress

Mailing Address PO Box 23219

City State Zip Code
New Orleans LA 70183-0219

FEC ID number of contributing federal political committee. **C C00394957**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 29 / 2015

Transaction ID : A-CF35833

Amount of Each Receipt this Period
2000

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 157
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Sears Holdings Corporation PAC

Mailing Address 3333 Beverly Road
B6-347A

City Hoffman Estates State IL Zip Code 60179-0001

FEC ID number of contributing federal political committee. **C** C00038612

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : A-CF36498

Amount of Each Receipt this Period
1000

B. Full Name (Last, First, Middle Initial)
Targetcitizens Political Forum

Mailing Address 1000 Nicollet Mall

City Minneapolis State MN Zip Code 55403-2542

FEC ID number of contributing federal political committee. **C** C00098061

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : A-CF36499

Amount of Each Receipt this Period
2500

C. Full Name (Last, First, Middle Initial)
The American Electric Power Committee For Responsible Government

Mailing Address 1 Riverside Plaza
Floor 26

City Columbus State OH Zip Code 43215-2355

FEC ID number of contributing federal political committee. **C** C00096842

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
0

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 03 / 2015

Transaction ID : A-CF35742

Amount of Each Receipt this Period
-2000

Check returned by bank

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 157
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
The Grant Thornton LLP PAC

Mailing Address 175 W Jackson Boulevard
Suite 2000

City Chicago State IL Zip Code 60604-2615

FEC ID number of contributing federal political committee. **C** C00408260

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 01 / 2015

Transaction ID : A-IF36008

Amount of Each Receipt this Period
650

Inkind: Finance Consulting

B. Full Name (Last, First, Middle Initial)
The Grant Thornton LLP PAC

Mailing Address 175 W Jackson Boulevard
Suite 2000

City Chicago State IL Zip Code 60604-2615

FEC ID number of contributing federal political committee. **C** C00408260

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2015

Transaction ID : A-CF36007

Amount of Each Receipt this Period
1850

C. Full Name (Last, First, Middle Initial)
Tim A. Rave Campaign Account

Mailing Address 46923 250th Street

City Baltic State SD Zip Code 57003-5203

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2015

Transaction ID : A-CF35919

Amount of Each Receipt this Period
1000

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 157
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
U.S. Cuba Democracy PAC

Mailing Address **PO Box 22945**

City **Hialeah** State **FL** Zip Code **33002-2945**

FEC ID number of contributing federal political committee. **C C00387720**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **2000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : A-CF36544

Amount of Each Receipt this Period

1000

B. Full Name (Last, First, Middle Initial)
UBS Americas Inc. PAC

Mailing Address **400 Atlantic Street**

City **Stamford** State **CT** Zip Code **06901-3512**

FEC ID number of contributing federal political committee. **C C00012245**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **7500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 26 / 2015

Transaction ID : A-CF36019

Amount of Each Receipt this Period

2500

C. Full Name (Last, First, Middle Initial)
United Parcel Service Inc. PAC

Mailing Address **55 Glenlake Parkway**

City **Atlanta** State **GA** Zip Code **30328-3474**

FEC ID number of contributing federal political committee. **C C00064766**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **4500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : A-CF36501

Amount of Each Receipt this Period

3500

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 157
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
United States Beet Sugar Association PAC

Mailing Address 1156 15th Street NW
Suite 1019

City Washington State DC Zip Code 20005-1754

FEC ID number of contributing federal political committee. **C C00063586**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : A-CF36541

Amount of Each Receipt this Period
1000

B. Full Name (Last, First, Middle Initial)
UnitedHealth Group Incorporated PAC

Mailing Address 9900 Bren Road E

City Minnetonka State MN Zip Code 55343-9664

FEC ID number of contributing federal political committee. **C C00274431**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : A-CF36500

Amount of Each Receipt this Period
2500

C. Full Name (Last, First, Middle Initial)
USA Rice Federation PAC

Mailing Address 4301 Fairfax Drive
Suite 425

City Arlington State VA Zip Code 22203-1653

FEC ID number of contributing federal political committee. **C C00308478**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : A-CF36502

Amount of Each Receipt this Period
1000

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

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

4500.00

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

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

FOR LINE NUMBER: PAGE 101 OF 157
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Verizon Wireless Good Government Club

Mailing Address 1300 I Street NW
Suite 400

City Washington State DC Zip Code 20005-3314

FEC ID number of contributing federal political committee. **C C00186288**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 26 / 2015

Transaction ID : A-CF36020

Amount of Each Receipt this Period
1500

B. Full Name (Last, First, Middle Initial)
Wal-Mart Stores Inc. PAC For Responsible Government

Mailing Address 702 SW 8th Street

City Bentonville State AR Zip Code 72716-6209

FEC ID number of contributing federal political committee. **C C00093054**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 26 / 2015

Transaction ID : A-CF36021

Amount of Each Receipt this Period
1000

C. Full Name (Last, First, Middle Initial)
Western Peanut Growers PAC

Mailing Address PO Box 252

City Seminole State TX Zip Code 79360-0252

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 26 / 2015

Transaction ID : A-CF36022

Amount of Each Receipt this Period
500

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 157
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial)
Wine and Spirits Wholesalers of America, Inc. PAC

Mailing Address 805 15th Street NW
Suite 430

City Washington State DC Zip Code 20005-2273

FEC ID number of contributing federal political committee. **C C00147173**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4736

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : A-CF36503

Amount of Each Receipt this Period
2736

B. Full Name (Last, First, Middle Initial)
Zoetis Good Government Fund

Mailing Address 701 8th Street NW
Suite 500

City Washington State DC Zip Code 20001-3965

FEC ID number of contributing federal political committee. **C C00541177**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 26 / 2015

Transaction ID : A-CF36023

Amount of Each Receipt this Period
1500

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

4236.00

133736.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 157
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) Meta Bank		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 31 / 2015
Mailing Address 2500 S Minnesota Avenue		Transaction ID : A-MF35841
City Sioux Falls	State SD	Zip Code 57105-4729
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 137.35	
Name of Employer	Occupation	Interest Income
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1232.54	

Full Name (Last, First, Middle Initial) Meta Bank		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 31 / 2015
Mailing Address 2500 S Minnesota Avenue		Transaction ID : A-MF36118
City Sioux Falls	State SD	Zip Code 57105-4729
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 144.41	
Name of Employer	Occupation	Interest Income
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1232.54	

Full Name (Last, First, Middle Initial) Meta Bank		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 2500 S Minnesota Avenue		Transaction ID : A-MF36434
City Sioux Falls	State SD	Zip Code 57105-4729
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 145.66	
Name of Employer	Occupation	Interest Income
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1232.54	

SUBTOTAL of Receipts This Page (optional).....	427.42
TOTAL This Period (last page this line number only).....	427.42

**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 104 OF 157	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. Accurate Word LLC		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address PO Box 1765		Amount of Each Disbursement this Period 495 Transaction ID : B-E-35433
City White Plains	State MD	
Zip Code 20695-1765	Purpose of Disbursement Printing	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement MM / DD / YYYY 07 / 06 / 2015
Mailing Address PO Box 1270		Amount of Each Disbursement this Period 3125.37 Transaction ID : B-E-35543
City Newark	State NJ	
Zip Code 07101-1270	Purpose of Disbursement Credit Card Payment	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Original vendors exceeding reporting threshold itemized as memo transactions.

Full Name (Last, First, Middle Initial) C. Bearnaise Restaurant		Date of Disbursement MM / DD / YYYY 07 / 06 / 2015
Mailing Address 315 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 1468.09 Transaction ID : B-S-943
City Washington	State DC	
Zip Code 20003-1148	Purpose of Disbursement Food/Beverage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM] Subitemization of American Express(07/06/15)

SUBTOTAL of Disbursements This Page (optional).....	3620.37
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 157			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. US Postal Service		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2015
Mailing Address 320 S 2nd Avenue		Amount of Each Disbursement this Period 127.76
City Sioux Falls	State SD	
Zip Code 57104-7500	Purpose of Disbursement Postage	Transaction ID : B-S-940
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of American Express(07/06/15)
State: District:		

Full Name (Last, First, Middle Initial) B. Cava Mezze		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2015
Mailing Address 527 8th Street SE		Amount of Each Disbursement this Period 1359.1
City Washington	State DC	
Zip Code 20003-2835	Purpose of Disbursement Food/Beverage	Transaction ID : B-S-944
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of American Express(07/06/15)
State: District:		

Full Name (Last, First, Middle Initial) c. House of Representatives Gift Shop		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2015
Mailing Address B-218 Longworth House Office		Amount of Each Disbursement this Period 57.75
City Washington	State DC	
Zip Code 20004	Purpose of Disbursement Silent Auction Items	Transaction ID : B-S-942
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of American Express(07/06/15)
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 106 OF 157	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial)
A. American Express

Mailing Address PO Box 1270

City Newark State NJ Zip Code 07101-1270

Purpose of Disbursement Credit Card Payment

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 24 / 2015

Amount of Each Disbursement this Period: 5296.07

Transaction ID : B-E-35780

Original vendors exceeding reporting threshold itemized as memo transactions.

Category/Type: 001

Full Name (Last, First, Middle Initial)
B. Del Frisco's Grille

Mailing Address 1201 Pennsylvania Avenue NW

City Washington State DC Zip Code 20004-2401

Purpose of Disbursement Catering

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 24 / 2015

Amount of Each Disbursement this Period: 885.17

Transaction ID : B-S-962

[MEMO ITEM]
Subitemization of American Express(07/24/15)

Category/Type:

Full Name (Last, First, Middle Initial)
c. Rosa Mexicano

Mailing Address 575 7th Street NW

City Washington State DC Zip Code 20004-1607

Purpose of Disbursement Catering

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 24 / 2015

Amount of Each Disbursement this Period: 1440.89

Transaction ID : B-S-961

[MEMO ITEM]
Subitemization of American Express(07/24/15)

Category/Type:

SUBTOTAL of Disbursements This Page (optional)..... 5296.07

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 107 OF 157	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial)
A. Brasserie Beck

Mailing Address 1101 K Street NW

City Washington State DC Zip Code 20005-4210

Purpose of Disbursement Catering

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 24 / 2015

Amount of Each Disbursement this Period: 2098.15

Transaction ID : B-S-960

[MEMO ITEM]
Subitemization of American Express(07/24/15)

Full Name (Last, First, Middle Initial)
B. Levy Restaurants

Mailing Address 1500 S Capitol Street SE

City Washington State DC Zip Code 20003-3599

Purpose of Disbursement Catering

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 24 / 2015

Amount of Each Disbursement this Period: 871.86

Transaction ID : B-S-963

[MEMO ITEM]
Subitemization of American Express(07/24/15)

Full Name (Last, First, Middle Initial)
c. American Express

Mailing Address PO Box 1270

City Newark State NJ Zip Code 07101-1270

Purpose of Disbursement Credit Card Payment

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 03 / 2015

Amount of Each Disbursement this Period: 3707.68

Transaction ID : B-E-35940

Original vendors exceeding reporting threshold itemized as memo transactions.

SUBTOTAL of Disbursements This Page (optional) 3707.68

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 157			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. Wings of Thunder LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2015
Mailing Address 35786 244th Street		Amount of Each Disbursement this Period 3000
City Kimball	State SD	
Purpose of Disbursement Facility Rental	Category/ Type 001	
Candidate Name		Transaction ID : B-S-972
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	[MEMO ITEM] Subitemization of American Express(09/03/15)

Full Name (Last, First, Middle Initial) B. Foley's		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2015
Mailing Address 2507 S Shirley Avenue		Amount of Each Disbursement this Period 696.18
City Sioux Falls	State SD	
Purpose of Disbursement Catering	Category/ Type 001	
Candidate Name		Transaction ID : B-S-970
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	[MEMO ITEM] Subitemization of American Express(09/03/15)

Full Name (Last, First, Middle Initial) c. Anedot		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2015
Mailing Address 5555 Hilton Avenue Suite 106		Amount of Each Disbursement this Period 207.9
City Baton Rouge	State LA	
Purpose of Disbursement Credit Card Merchant Fees	Category/ Type 001	
Candidate Name		Transaction ID : B-E-35845
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....	207.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 157			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2015
Mailing Address 5555 Hilton Avenue Suite 106		Amount of Each Disbursement this Period 75.85
City Baton Rouge	State LA	
Zip Code 70808-2597	Purpose of Disbursement Credit Card Merchant Fees	Transaction ID : B-E-36265
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address 5555 Hilton Avenue Suite 106		Amount of Each Disbursement this Period 253.24
City Baton Rouge	State LA	
Zip Code 70808-2597	Purpose of Disbursement Credit Card Merchant Fees	Transaction ID : B-E-36519
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Aristotle International		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2015
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 1625
City Washington	State DC	
Zip Code 20003-1164	Purpose of Disbursement Compliance Software	Transaction ID : B-E-35749
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1954.09
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 110 OF 157	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. Aristotle International		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2015
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 650 Transaction ID : B-E-35875
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Compliance Software 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) B. Aristotle International		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2015
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 650 Transaction ID : B-E-36117
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Compliance Software 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) c. Blueprint Communications		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 2111 Eisenhower Avenue Suite 400		Amount of Each Disbursement this Period 1750 Transaction ID : B-E-35751
City Alexandria State VA Zip Code 22314-4679	Purpose of Disbursement Communications Consulting 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3050.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 111 OF 157	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. Broghamer Consulting LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2015
Mailing Address 502 Monroe Street		Amount of Each Disbursement this Period 3063.94 Transaction ID : B-E-35613
City Newport	State KY	
Zip Code 41071-2006	Purpose of Disbursement Compliance Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Broghamer Consulting LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2015
Mailing Address 502 Monroe Street		Amount of Each Disbursement this Period 3018.72 Transaction ID : B-E-35842
City Newport	State KY	
Zip Code 41071-2006	Purpose of Disbursement Compliance Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Broghamer Consulting LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015
Mailing Address 502 Monroe Street		Amount of Each Disbursement this Period 3066.24 Transaction ID : B-E-36043
City Newport	State KY	
Zip Code 41071-2006	Purpose of Disbursement Compliance Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	9148.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 157			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2015
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 73.45 Transaction ID : B-E-35767
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement Food/Beverage 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2015
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 24.8 Transaction ID : B-E-35998
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement Food/Beverage 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Card Center		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2015
Mailing Address PO Box 740846		Amount of Each Disbursement this Period 4112.09 Transaction ID : B-E-35612
City Cincinnati State OH Zip Code 45274-0846	Purpose of Disbursement Credit Card Payment 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4210.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 157			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. The UPS Store		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2015
Mailing Address 55 Glenlake Parkway NE		Amount of Each Disbursement this Period 81.09
City Atlanta	State GA Zip Code 30328-3474	
Purpose of Disbursement Delivery	Category/Type	Transaction ID : B-S-931 [MEMO ITEM] Subitemization of Card Center(07/06/15)
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Enterprise		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2015
Mailing Address 600 Corporate Park Drive		Amount of Each Disbursement this Period 156.73
City Saint Louis	State MO Zip Code 63105-4204	
Purpose of Disbursement Travel	Category/Type	Transaction ID : B-S-918 [MEMO ITEM] Subitemization of Card Center(07/06/15)
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Minneapolis Club		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2015
Mailing Address 729 2nd Avenue S		Amount of Each Disbursement this Period 368.88
City Minneapolis	State MN Zip Code 55402-2405	
Purpose of Disbursement Food/Beverage	Category/Type	Transaction ID : B-S-926 [MEMO ITEM] Subitemization of Card Center(07/06/15)
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 157			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. Fedex		Date of Disbursement MM / DD / YYYY 07 / 06 / 2015
Mailing Address 942 S Shady Grove Road		Amount of Each Disbursement this Period 115.66
City Memphis	State TN	
Zip Code 38120-4117	Purpose of Disbursement Delivery	Transaction ID : B-S-920
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Card Center(07/06/15)
State: District:		

Full Name (Last, First, Middle Initial) B. Fairfield Inn		Date of Disbursement MM / DD / YYYY 07 / 06 / 2015
Mailing Address 2720 1st Avenue		Amount of Each Disbursement this Period 193.12
City Spearfish	State SD	
Zip Code 57783-3211	Purpose of Disbursement Travel	Transaction ID : B-S-936
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Card Center(07/06/15)
State: District:		

Full Name (Last, First, Middle Initial) c. The Congressional Institute		Date of Disbursement MM / DD / YYYY 07 / 06 / 2015
Mailing Address 1700 Diagonal Road Suite 730		Amount of Each Disbursement this Period 416
City Alexandria	State VA	
Zip Code 22314-2843	Purpose of Disbursement Travel	Transaction ID : B-S-939
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Card Center(07/06/15)
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 115 OF 157	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. Hy-Vee, Inc.		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2015
Mailing Address 5820 Westown Parkway		Amount of Each Disbursement this Period 652.47
City West Des Moines	State IA Zip Code 50266-8223	
Purpose of Disbursement Postage/Bereavement Flowers		Transaction ID : B-S-925
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Card Center(07/06/15)
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. United Air Lines, Inc		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2015
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 517.6
City Chicago	State IL Zip Code 60666-0100	
Purpose of Disbursement Travel		Transaction ID : B-S-933
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Card Center(07/06/15)
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Walgreens		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2015
Mailing Address 1806 S Minnesota Avenue		Amount of Each Disbursement this Period 8.88
City Sioux Falls	State SD Zip Code 57105-2811	
Purpose of Disbursement Office Supplies		Transaction ID : B-S-937
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Card Center(07/06/15)
State: District:	Category/Type	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 116 OF 157	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. AT&T Mobility		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2015
Mailing Address PO Box 6463		Amount of Each Disbursement this Period 2900.13
City Carol Stream State IL Zip Code 60197-6463	Purpose of Disbursement Phone Service	
Candidate Name	Category/Type	Transaction ID : B-S-913 [MEMO ITEM] Subitemization of Card Center(07/06/15)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. US Postal Service		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2015
Mailing Address 320 S 2nd Avenue		Amount of Each Disbursement this Period 147
City Sioux Falls State SD Zip Code 57104-7500	Purpose of Disbursement Postage	
Candidate Name	Category/Type	Transaction ID : B-S-934 [MEMO ITEM] Subitemization of Card Center(07/06/15)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Card Center		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2015
Mailing Address PO Box 740846		Amount of Each Disbursement this Period 2900.13
City Cincinnati State OH Zip Code 45274-0846	Purpose of Disbursement Credit Card Payment	
Candidate Name	Category/Type 001	Transaction ID : B-E-35818 Original vendors exceeding reporting threshold itemized as memo transactions.
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2900.13
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)	PAGE 117 OF 157			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. House of Representatives Gift Shop		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address B-218 Longworth House Office		Amount of Each Disbursement this Period 147
City Washington	State DC	
Zip Code 20004	Purpose of Disbursement Silent Auction Items	Transaction ID : B-S-952
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Card Center(08/06/15)
State: District:		

Full Name (Last, First, Middle Initial) B. AT&T Mobility		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address PO Box 6463		Amount of Each Disbursement this Period 366.16
City Carol Stream	State IL	
Zip Code 60197-6463	Purpose of Disbursement Phone Service	Transaction ID : B-S-947
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Card Center(08/06/15)
State: District:		

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 500 Staples Drive		Amount of Each Disbursement this Period 63.85
City Framingham	State MA	
Zip Code 01702-4478	Purpose of Disbursement Office Supplies	Transaction ID : B-S-954
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Card Center(08/06/15)
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 157			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. Best Buy Co		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 7601 Penn Avenue S		Amount of Each Disbursement this Period 268.18
City Minneapolis	State MN	
Zip Code 55423-3645	Purpose of Disbursement Office Equipment	Transaction ID : B-S-948
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Card Center(08/06/15)
State: District:		

Full Name (Last, First, Middle Initial) B. Hy-Vee, Inc.		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 5820 Westown Parkway		Amount of Each Disbursement this Period 1598.59
City West Des Moines	State IA	
Zip Code 50266-8223	Purpose of Disbursement Postage/Office Supplies	Transaction ID : B-S-953
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Card Center(08/06/15)
State: District:		

Full Name (Last, First, Middle Initial) c. US Postal Service		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 320 S 2nd Avenue		Amount of Each Disbursement this Period 147
City Sioux Falls	State SD	
Zip Code 57104-7500	Purpose of Disbursement Postage	Transaction ID : B-S-958
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Card Center(08/06/15)
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 119 OF 157	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. The UPS Store		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 55 Glenlake Parkway NE		Amount of Each Disbursement this Period 3738.89
City Atlanta	State GA Zip Code 30328-3474	
Purpose of Disbursement Delivery	Candidate Name	Transaction ID : B-S-957
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] Subitemization of Card Center(08/06/15)

Full Name (Last, First, Middle Initial) B. Fedex		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 942 S Shady Grove Road		Amount of Each Disbursement this Period 183.95
City Memphis	State TN Zip Code 38120-4117	
Purpose of Disbursement Delivery	Candidate Name	Transaction ID : B-S-950
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] Subitemization of Card Center(08/06/15)

Full Name (Last, First, Middle Initial) c. Card Center		Date of Disbursement MM / DD / YYYY 08 / 27 / 2015
Mailing Address PO Box 740846		Amount of Each Disbursement this Period 3738.89
City Cincinnati	State OH Zip Code 45274-0846	
Purpose of Disbursement Credit Card Payment	Candidate Name	Transaction ID : B-E-35997
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type 001	Original vendors exceeding reporting threshold itemized as memo transactions.

SUBTOTAL of Disbursements This Page (optional).....	3738.89
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 157			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. Enterprise		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2015
Mailing Address 600 Corporate Park Drive		Amount of Each Disbursement this Period 74.03
City Saint Louis	State MO	
Zip Code 63105-4204	Purpose of Disbursement Travel	Transaction ID : B-S-977
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Card Center(08/27/15)
State: District:		

Full Name (Last, First, Middle Initial) B. Fedex		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2015
Mailing Address 942 S Shady Grove Road		Amount of Each Disbursement this Period 161.82
City Memphis	State TN	
Zip Code 38120-4117	Purpose of Disbursement Delivery	Transaction ID : B-S-978
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Card Center(08/27/15)
State: District:		

Full Name (Last, First, Middle Initial) c. Sheraton Hotels & Resorts		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2015
Mailing Address 1 Star Point		Amount of Each Disbursement this Period 308.42
City Stamford	State CT	
Zip Code 06902-8911	Purpose of Disbursement Travel	Transaction ID : B-S-986
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Card Center(08/27/15)
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 121 OF 157	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. Hy-Vee, Inc.		Date of Disbursement MM / DD / YYYY 08 / 27 / 2015
Mailing Address 5820 Westown Parkway		Amount of Each Disbursement this Period 83.69
City West Des Moines	State IA	
Zip Code 50266-8223	Purpose of Disbursement Travel	Transaction ID : B-S-980
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Card Center(08/27/15)
State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement MM / DD / YYYY 08 / 27 / 2015
Mailing Address 500 Staples Drive		Amount of Each Disbursement this Period 58.38
City Framingham	State MA	
Zip Code 01702-4478	Purpose of Disbursement Office Supplies	Transaction ID : B-S-987
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Card Center(08/27/15)
State: District:		

Full Name (Last, First, Middle Initial) c. Minnehaha Country Club		Date of Disbursement MM / DD / YYYY 08 / 27 / 2015
Mailing Address 3101 W 22nd Street		Amount of Each Disbursement this Period 1919.41
City Sioux Falls	State SD	
Zip Code 57105-0101	Purpose of Disbursement Food/Beverage	Transaction ID : B-S-982
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Card Center(08/27/15)
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 122 OF 157	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. Ramada		Date of Disbursement MM / DD / YYYY 08 / 27 / 2015
Mailing Address 1525 W Havens Avenue		Amount of Each Disbursement this Period 208.96
City Mitchell	State SD Zip Code 57301-4104	
Purpose of Disbursement Travel	Candidate Name	Transaction ID : B-S-985
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] Subitemization of Card Center(08/27/15)

Full Name (Last, First, Middle Initial) B. Lewis Drug		Date of Disbursement MM / DD / YYYY 08 / 27 / 2015
Mailing Address 500 W 41st Street		Amount of Each Disbursement this Period 68.95
City Sioux Falls	State SD Zip Code 57105-6402	
Purpose of Disbursement Office Supplies	Candidate Name	Transaction ID : B-S-981
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] Subitemization of Card Center(08/27/15)

Full Name (Last, First, Middle Initial) c. The UPS Store		Date of Disbursement MM / DD / YYYY 08 / 27 / 2015
Mailing Address 55 Glenlake Parkway NE		Amount of Each Disbursement this Period 192.65
City Atlanta	State GA Zip Code 30328-3474	
Purpose of Disbursement Delivery	Candidate Name	Transaction ID : B-S-988
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] Subitemization of Card Center(08/27/15)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 157			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. US Postal Service		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2015
Mailing Address 320 S 2nd Avenue		Amount of Each Disbursement this Period 196
City Sioux Falls	State SD	
Zip Code 57104-7500	Purpose of Disbursement Postage	Transaction ID : B-S-990
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Card Center(08/27/15)
State: District:		

Full Name (Last, First, Middle Initial) B. Card Center		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2015
Mailing Address PO Box 740846		Amount of Each Disbursement this Period 726.22
City Cincinnati	State OH	
Zip Code 45274-0846	Purpose of Disbursement Credit Card Payment	Transaction ID : B-E-36041
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

Full Name (Last, First, Middle Initial) c. Arrowhead Country Club		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2015
Mailing Address 3675 Sheridan Lake Road		Amount of Each Disbursement this Period 686.21
City Rapid City	State SD	
Zip Code 57702-5200	Purpose of Disbursement Food/Beverage	Transaction ID : B-S-992
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Card Center(09/03/15)
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	726.22
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 157			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. Connect Strategic Communications LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2015
Mailing Address PO Box 141251		Amount of Each Disbursement this Period 1169 Transaction ID : B-E-35351
City Dallas	State TX	
Zip Code 75214-1251	Purpose of Disbursement Website Development/Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Connect Strategic Communications LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address PO Box 141251		Amount of Each Disbursement this Period 2160 Transaction ID : B-E-35778
City Dallas	State TX	
Zip Code 75214-1251	Purpose of Disbursement Website Development/Advertising	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Connect Strategic Communications LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2015
Mailing Address PO Box 141251		Amount of Each Disbursement this Period 1169 Transaction ID : B-E-35876
City Dallas	State TX	
Zip Code 75214-1251	Purpose of Disbursement Website Development/Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	4498.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 157			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. Fellowship of Christian Athletes		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2015
Mailing Address 1601 E 69th Street Suite 301		Amount of Each Disbursement this Period 628.78 Transaction ID : B-E-35844
City Sioux Falls	State SD	
Zip Code 57108-8322	Purpose of Disbursement Rent	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Fellowship of Christian Athletes		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015
Mailing Address 1601 E 69th Street Suite 301		Amount of Each Disbursement this Period 314.39 Transaction ID : B-E-35959
City Sioux Falls	State SD	
Zip Code 57108-8322	Purpose of Disbursement Rent	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Highland Conference Center		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015
Mailing Address 2000 Highland Way		Amount of Each Disbursement this Period 650.28 Transaction ID : B-E-35958
City Mitchell	State SD	
Zip Code 57301-6441	Purpose of Disbursement Facility Rental/Catering	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1593.45
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 157			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. i360, LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2015
Mailing Address PO Box 37046		Amount of Each Disbursement this Period 500 Transaction ID : B-E-35342
City Baltimore	State MD	
Zip Code 21297-3046	Purpose of Disbursement Subscription	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. i360, LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address PO Box 37046		Amount of Each Disbursement this Period 500 Transaction ID : B-E-35775
City Baltimore	State MD	
Zip Code 21297-3046	Purpose of Disbursement Subscription	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. i360, LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015
Mailing Address PO Box 37046		Amount of Each Disbursement this Period 500 Transaction ID : B-E-35878
City Baltimore	State MD	
Zip Code 21297-3046	Purpose of Disbursement Subscription	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 127 OF 157	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. Integram		Date of Disbursement MM / DD / YYYY 08 / 12 / 2015
Mailing Address 8421 Hilltop Road		Amount of Each Disbursement this Period 2166.85
City Fairfax	State VA	
Zip Code 22031-4301	Purpose of Disbursement Postage	Transaction ID : B-E-35922
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Lincoln County GOP		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 46787 273rd Street		Amount of Each Disbursement this Period 250
City Tea	State SD	
Zip Code 57064-8024	Purpose of Disbursement Advertising/Event Tickets	Transaction ID : B-E-35880
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. LIT Studios		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 136 S Dakota Avenue		Amount of Each Disbursement this Period 689
City Sioux Falls	State SD	
Zip Code 57104-6412	Purpose of Disbursement Photography Service	Transaction ID : B-E-35912
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3105.85
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 157			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial)

A. Meta Bank

Mailing Address 2500 S Minnesota Avenue

City Sioux Falls State SD Zip Code 57105-4729

Purpose of Disbursement Bank Fee Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 31 / 2015

Amount of Each Disbursement this Period: 395

Transaction ID : B-E-35840

Full Name (Last, First, Middle Initial)

B. Meta Bank

Mailing Address 2500 S Minnesota Avenue

City Sioux Falls State SD Zip Code 57105-4729

Purpose of Disbursement Bank Fee Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 31 / 2015

Amount of Each Disbursement this Period: 385

Transaction ID : B-E-36116

Full Name (Last, First, Middle Initial)

C. Meta Bank

Mailing Address 2500 S Minnesota Avenue

City Sioux Falls State SD Zip Code 57105-4729

Purpose of Disbursement Bank Fee Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 30 / 2015

Amount of Each Disbursement this Period: 385

Transaction ID : B-E-36435

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)	PAGE 129 OF 157			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. Midcontinent Communications		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2015
Mailing Address PO Box 5010		Amount of Each Disbursement this Period 24.66
City Sioux Falls	State SD	
Zip Code 57117-5010	Purpose of Disbursement Phone Service	Transaction ID : B-E-35595
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Midcontinent Communications		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address PO Box 5010		Amount of Each Disbursement this Period 105.7
City Sioux Falls	State SD	
Zip Code 57117-5010	Purpose of Disbursement Internet Service	Transaction ID : B-E-35743
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Midcontinent Communications		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2015
Mailing Address PO Box 5010		Amount of Each Disbursement this Period 24.66
City Sioux Falls	State SD	
Zip Code 57117-5010	Purpose of Disbursement Phone Service	Transaction ID : B-E-35813
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	155.02
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 130 OF 157	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. Midcontinent Communications		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2015
Mailing Address PO Box 5010		Amount of Each Disbursement this Period 211.4 Transaction ID : B-E-35849
City Sioux Falls State SD Zip Code 57117-5010	Purpose of Disbursement Phone Service Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) B. Midcontinent Communications		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015
Mailing Address PO Box 5010		Amount of Each Disbursement this Period 24.66 Transaction ID : B-E-35941
City Sioux Falls State SD Zip Code 57117-5010	Purpose of Disbursement Phone Service Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) C. Mini Stor All		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2015
Mailing Address 501 E 41st Street		Amount of Each Disbursement this Period 62 Transaction ID : B-E-35839
City Sioux Falls State SD Zip Code 57105-5931	Purpose of Disbursement Storage Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	298.06
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 157		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. Mini Stor All		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 501 E 41st Street		Amount of Each Disbursement this Period 62 Transaction ID : B-E-36037
City Sioux Falls	State SD	
Zip Code 57105-5931	Purpose of Disbursement Storage	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Mini Stor All		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 501 E 41st Street		Amount of Each Disbursement this Period 62 Transaction ID : B-E-36436
City Sioux Falls	State SD	
Zip Code 57105-5931	Purpose of Disbursement Storage	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Minnehaha Country Club		Date of Disbursement MM / DD / YYYY 09 / 16 / 2015
Mailing Address 3101 W 22nd Street		Amount of Each Disbursement this Period 159.61 Transaction ID : B-E-36262
City Sioux Falls	State SD	
Zip Code 57105-0101	Purpose of Disbursement Catering	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	283.61
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 157			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. Monarch Sales		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2015
Mailing Address 731 N Cliff Avenue		Amount of Each Disbursement this Period 1175.96
City Sioux Falls	State SD	
Zip Code 57103-0126	Purpose of Disbursement Printing	Transaction ID : B-E-35817
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Paycor		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 644 Linn Street Suite 200		Amount of Each Disbursement this Period 753.43
City Cincinnati	State OH	
Zip Code 45203-1734	Purpose of Disbursement Payroll Taxes	Transaction ID : B-E-35711
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Paycor		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2015
Mailing Address 644 Linn Street Suite 200		Amount of Each Disbursement this Period 65.88
City Cincinnati	State OH	
Zip Code 45203-1734	Purpose of Disbursement Payroll Service	Transaction ID : B-E-35710
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1995.27
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 157			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Paycor		M M / D D / Y Y Y Y 07 / 16 / 2015
Mailing Address 644 Linn Street Suite 200		Amount of Each Disbursement this Period
City Cincinnati	State OH	Zip Code 45203-1734
Purpose of Disbursement Payroll Service	Category/Type 001	
Candidate Name	Transaction ID : B-E-35768	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		
Full Name (Last, First, Middle Initial)		Date of Disbursement

B. Paycor		M M / D D / Y Y Y Y 07 / 16 / 2015
Mailing Address 644 Linn Street Suite 200		Amount of Each Disbursement this Period
City Cincinnati	State OH	Zip Code 45203-1734
Purpose of Disbursement Payroll Taxes	Category/Type 001	
Candidate Name	Transaction ID : B-E-35769	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		
Full Name (Last, First, Middle Initial)		Date of Disbursement

C. Paycor		M M / D D / Y Y Y Y 08 / 03 / 2015
Mailing Address 644 Linn Street Suite 200		Amount of Each Disbursement this Period
City Cincinnati	State OH	Zip Code 45203-1734
Purpose of Disbursement Payroll Taxes	Category/Type 001	
Candidate Name	Transaction ID : B-E-35870	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		
Full Name (Last, First, Middle Initial)		Date of Disbursement

SUBTOTAL of Disbursements This Page (optional).....	1615.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 134 OF 157	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Paycor		M M / D D / Y Y Y Y 08 / 04 / 2015
Mailing Address 644 Linn Street Suite 200		Amount of Each Disbursement this Period
City Cincinnati	State OH	Zip Code 45203-1734
Purpose of Disbursement Payroll Service	Category/Type 001	
Candidate Name	Transaction ID : B-E-35869	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Paycor		M M / D D / Y Y Y Y 08 / 18 / 2015
Mailing Address 644 Linn Street Suite 200		Amount of Each Disbursement this Period
City Cincinnati	State OH	Zip Code 45203-1734
Purpose of Disbursement Payroll Taxes	Category/Type 001	
Candidate Name	Transaction ID : B-E-35953	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Paycor		M M / D D / Y Y Y Y 08 / 19 / 2015
Mailing Address 644 Linn Street Suite 200		Amount of Each Disbursement this Period
City Cincinnati	State OH	Zip Code 45203-1734
Purpose of Disbursement Payroll Service	Category/Type 001	
Candidate Name	Transaction ID : B-E-35951	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	927.24
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 157			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Paycor		M M / D D / Y Y Y Y 09 / 02 / 2015
Mailing Address 644 Linn Street Suite 200		Amount of Each Disbursement this Period
City Cincinnati	State OH	Zip Code 45203-1734
Purpose of Disbursement Payroll Taxes	Category/Type 001	
Candidate Name	Transaction ID : B-E-36237	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		
Full Name (Last, First, Middle Initial)		Date of Disbursement

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Paycor		M M / D D / Y Y Y Y 09 / 03 / 2015
Mailing Address 644 Linn Street Suite 200		Amount of Each Disbursement this Period
City Cincinnati	State OH	Zip Code 45203-1734
Purpose of Disbursement Payroll Service	Category/Type 001	
Candidate Name	Transaction ID : B-E-36243	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Paycor		M M / D D / Y Y Y Y 09 / 17 / 2015
Mailing Address 644 Linn Street Suite 200		Amount of Each Disbursement this Period
City Cincinnati	State OH	Zip Code 45203-1734
Purpose of Disbursement Payroll Taxes	Category/Type 001	
Candidate Name	Transaction ID : B-E-36386	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	1598.30
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 157			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. Paycor		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2015
Mailing Address 644 Linn Street Suite 200		Amount of Each Disbursement this Period 69.38
City Cincinnati	State OH Zip Code 45203-1734	
Purpose of Disbursement Payroll Service	Category/Type 001	Transaction ID : B-E-36385
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Qualified Presort Service, LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address PO Box 85010		Amount of Each Disbursement this Period 114.4
City Sioux Falls	State SD Zip Code 57118-5010	
Purpose of Disbursement Printing	Category/Type 001	Transaction ID : B-E-35744
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Qualified Presort Service, LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2015
Mailing Address PO Box 85010		Amount of Each Disbursement this Period 119.6
City Sioux Falls	State SD Zip Code 57118-5010	
Purpose of Disbursement Personnel Service	Category/Type 001	Transaction ID : B-E-35847
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	303.38
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 157			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. Red River Co., LLC			Date of Disbursement MM / DD / YYYY 07 / 03 / 2015		
Mailing Address 8501 Bayside Rd., Suite C4-D			Amount of Each Disbursement this Period 2500		
City Chesapeake Beach	State MD	Zip Code 20732	Transaction ID : B-E-35647		
Purpose of Disbursement Finance Consulting		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Red River Co., LLC			Date of Disbursement MM / DD / YYYY 08 / 05 / 2015		
Mailing Address 8501 Bayside Rd., Suite C4-D			Amount of Each Disbursement this Period 2500		
City Chesapeake Beach	State MD	Zip Code 20732	Transaction ID : B-E-35843		
Purpose of Disbursement Finance Consulting		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Red River Co., LLC			Date of Disbursement MM / DD / YYYY 09 / 02 / 2015		
Mailing Address 8501 Bayside Rd., Suite C4-D			Amount of Each Disbursement this Period 2500		
City Chesapeake Beach	State MD	Zip Code 20732	Transaction ID : B-E-36044		
Purpose of Disbursement Finance Consulting		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 157			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. South Dakota State Treasurer		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address PO Box 5055		Amount of Each Disbursement this Period 5358.35 Transaction ID : B-E-35753
City Sioux Falls	State SD	
Zip Code 57117-5055	Purpose of Disbursement Usage Tax Payment	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. State Farm		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2015
Mailing Address PO Box 680001		Amount of Each Disbursement this Period 44.16 Transaction ID : B-E-35750
City Dallas	State TX	
Zip Code 75368-0001	Purpose of Disbursement Insurance	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. State Farm		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2015
Mailing Address PO Box 680001		Amount of Each Disbursement this Period 44.16 Transaction ID : B-E-35868
City Dallas	State TX	
Zip Code 75368-0001	Purpose of Disbursement Insurance	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5446.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 157			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. State Farm		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2015
Mailing Address PO Box 680001		Amount of Each Disbursement this Period 44.16
City Dallas	State TX Zip Code 75368-0001	
Purpose of Disbursement Insurance	Category/Type 001	Transaction ID : B-E-36244
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. State Farm		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2015
Mailing Address PO Box 680001		Amount of Each Disbursement this Period 361
City Dallas	State TX Zip Code 75368-0001	
Purpose of Disbursement Insurance	Category/Type 001	Transaction ID : B-E-36333
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. The Grant Thornton LLP PAC		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2015
Mailing Address 175 W Jackson Boulevard Suite 2000		Amount of Each Disbursement this Period 650
City Chicago	State IL Zip Code 60604-2615	
Purpose of Disbursement Inkind: Finance Consulting	Category/Type	Transaction ID : B-I-36008
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1055.16
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 157			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. The Lukens Company		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2015
Mailing Address 2800 S Shirlington Road		Amount of Each Disbursement this Period 6548.81
City Arlington	State VA	
Zip Code 22206-3601	Purpose of Disbursement Printing/Postage	Transaction ID : B-E-35596
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. The Lukens Company		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2015
Mailing Address 2800 S Shirlington Road		Amount of Each Disbursement this Period 7411.2
City Arlington	State VA	
Zip Code 22206-3601	Purpose of Disbursement Printing/Postage	Transaction ID : B-E-35816
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. The Printers, Inc.		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2015
Mailing Address 510 S 1st Avenue		Amount of Each Disbursement this Period 753.1
City Sioux Falls	State SD	
Zip Code 57104-6902	Purpose of Disbursement Printing	Transaction ID : B-E-35708
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	14713.11
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 157			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. The Printers, Inc.		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 510 S 1st Avenue		Amount of Each Disbursement this Period 724.54 Transaction ID : B-E-35776
City Sioux Falls	State SD	
Zip Code 57104-6902	Purpose of Disbursement Printing	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. The Printers, Inc.		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2015
Mailing Address 510 S 1st Avenue		Amount of Each Disbursement this Period 246.85 Transaction ID : B-E-35820
City Sioux Falls	State SD	
Zip Code 57104-6902	Purpose of Disbursement Printing	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. The Printers, Inc.		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015
Mailing Address 510 S 1st Avenue		Amount of Each Disbursement this Period 824.04 Transaction ID : B-E-36042
City Sioux Falls	State SD	
Zip Code 57104-6902	Purpose of Disbursement Printing	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1795.43
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 157			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. Transfirst		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2015
Mailing Address 1393 Veterans Highway		Amount of Each Disbursement this Period 313.08
City Hauppauge State NY Zip Code 11788-3042	Purpose of Disbursement Credit Card Merchant Fee	Transaction ID : B-E-35748
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Transfirst		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2015
Mailing Address 1393 Veterans Highway		Amount of Each Disbursement this Period 124.88
City Hauppauge State NY Zip Code 11788-3042	Purpose of Disbursement Credit Card Merchant Fee	Transaction ID : B-E-35923
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Transfirst		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2015
Mailing Address 1393 Veterans Highway		Amount of Each Disbursement this Period 108.7
City Hauppauge State NY Zip Code 11788-3042	Purpose of Disbursement Credit Card Merchant Fee	Transaction ID : B-E-36267
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	546.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 157			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Triumph Campaigns

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 12243

City Jackson State MS Zip Code 39236-2243

Purpose of Disbursement Political Strategy Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 03 / 2015

Amount of Each Disbursement this Period: 7000

Transaction ID : B-E-35648

Category/Type: 001

B. Watertown Area Chamber of Commerce

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1113

City Watertown State SD Zip Code 57201-6113

Purpose of Disbursement Event Tickets

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 02 / 2015

Amount of Each Disbursement this Period: 42.8

Transaction ID : B-E-36046

Category/Type: 001

c. Ashley Flynn

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 852

City Sioux Falls State SD Zip Code 57101-0852

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 02 / 2015

Amount of Each Disbursement this Period: 2007.97

Transaction ID : B-E-35712

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional)..... 9050.77

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 157			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. Ashley Flynn		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address PO Box 852		Amount of Each Disbursement this Period 2007.97 Transaction ID : B-E-35770
City Sioux Falls	State SD	
Zip Code 57101-0852	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Ashley Flynn		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address PO Box 852		Amount of Each Disbursement this Period 115.5 Transaction ID : B-E-35779
City Sioux Falls	State SD	
Zip Code 57101-0852	Purpose of Disbursement Mileage Reimbursement	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Ashley Flynn		Date of Disbursement MM / DD / YYYY 08 / 03 / 2015
Mailing Address PO Box 852		Amount of Each Disbursement this Period 2007.97 Transaction ID : B-E-35871
City Sioux Falls	State SD	
Zip Code 57101-0852	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	4131.44
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 157			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. Ashley Flynn		Date of Disbursement MM / DD / YYYY 08 / 18 / 2015
Mailing Address PO Box 852		Amount of Each Disbursement this Period 2007.97 Transaction ID : B-E-35954
City Sioux Falls	State SD	
Zip Code 57101-0852	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Ashley Flynn		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address PO Box 852		Amount of Each Disbursement this Period 81.35 Transaction ID : B-E-35879
City Sioux Falls	State SD	
Zip Code 57101-0852	Purpose of Disbursement Delivery/Name Tag Reimbursement	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Original vendors exceeding reporting threshold itemized as memo transactions.

Full Name (Last, First, Middle Initial) c. The UPS Store		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 55 Glenlake Parkway NE		Amount of Each Disbursement this Period 49.56 Transaction ID : B-S-946
City Atlanta	State GA	
Zip Code 30328-3474	Purpose of Disbursement Delivery	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

[MEMO ITEM]
Subitemization of Ashley Flynn(08/19/15)

SUBTOTAL of Disbursements This Page (optional).....	2089.32
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 157			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. Staples		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 500 Staples Drive		Amount of Each Disbursement this Period 31.79
City Framingham	State MA	
Zip Code 01702-4478	Purpose of Disbursement Name Tags	[MEMO ITEM] Subitemization of Ashley Flynn(08/19/15)
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Ashley Flynn		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address PO Box 852		Amount of Each Disbursement this Period 203.69
City Sioux Falls	State SD	
Zip Code 57101-0852	Purpose of Disbursement Postage/Printing/Envelopes Reimbursement	Original vendors exceeding reporting threshold itemized as memo transactions.
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 500 Staples Drive		Amount of Each Disbursement this Period 34.25
City Framingham	State MA	
Zip Code 01702-4478	Purpose of Disbursement Printing/Envelopes	[MEMO ITEM] Subitemization of Ashley Flynn(09/02/15)
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	203.69
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 147 OF 157	
	<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)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. Hy-Vee, Inc.		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 5820 Westown Parkway		Amount of Each Disbursement this Period 63.6
City West Des Moines	State IA	
Zip Code 50266-8223	Purpose of Disbursement Bereavement Flowers	Transaction ID : B-S-966
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Ashley Flynn(09/02/15)
State: District:		

Full Name (Last, First, Middle Initial) B. Lewis Drug		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 500 W 41st Street		Amount of Each Disbursement this Period 105.84
City Sioux Falls	State SD	
Zip Code 57105-6402	Purpose of Disbursement Postage	Transaction ID : B-S-964
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Ashley Flynn(09/02/15)
State: District:		

Full Name (Last, First, Middle Initial) c. Ashley Flynn		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address PO Box 852		Amount of Each Disbursement this Period 2007.97
City Sioux Falls	State SD	
Zip Code 57101-0852	Purpose of Disbursement Payroll	Transaction ID : B-E-36238
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2007.97
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 148 OF 157	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. Ashley Flynn		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2015
Mailing Address PO Box 852		Amount of Each Disbursement this Period 2007.97 Transaction ID : B-E-36387
City Sioux Falls	State SD	
Zip Code 57101-0852	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Jeff Harrison		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2015
Mailing Address 641 C Street NE		Amount of Each Disbursement this Period 797.24 Transaction ID : B-I-36430
City Washington	State DC	
Zip Code 20002-6001	Purpose of Disbursement Inkind: Food/Beverage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Mary Beth Hollatz		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address PO Box 852		Amount of Each Disbursement this Period 192.4 Transaction ID : B-E-35713
City Sioux Falls	State SD	
Zip Code 57101-0852	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2997.61
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 157			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. Mary Beth Hollatz		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2015
Mailing Address PO Box 852		Amount of Each Disbursement this Period 192.4 Transaction ID : B-E-35771
City Sioux Falls	State SD	
Zip Code 57101-0852	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Mary Beth Hollatz		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address PO Box 852		Amount of Each Disbursement this Period 217.5 Transaction ID : B-E-35782
City Sioux Falls	State SD	
Zip Code 57101-0852	Purpose of Disbursement Mileage Reimbursement	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Mary Beth Hollatz		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2015
Mailing Address PO Box 852		Amount of Each Disbursement this Period 192.4 Transaction ID : B-E-35872
City Sioux Falls	State SD	
Zip Code 57101-0852	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	602.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 157			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. Mary Beth Hollatz		Date of Disbursement MM / DD / YYYY 08 / 18 / 2015
Mailing Address PO Box 852		Amount of Each Disbursement this Period 192.4 Transaction ID : B-E-35955
City Sioux Falls	State SD	
Zip Code 57101-0852	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Mary Beth Hollatz		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address PO Box 852		Amount of Each Disbursement this Period 192.4 Transaction ID : B-E-36239
City Sioux Falls	State SD	
Zip Code 57101-0852	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Mary Beth Hollatz		Date of Disbursement MM / DD / YYYY 09 / 16 / 2015
Mailing Address PO Box 852		Amount of Each Disbursement this Period 121.23 Transaction ID : B-E-36264
City Sioux Falls	State SD	
Zip Code 57101-0852	Purpose of Disbursement Mileage/Postage Reimbursement	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Original vendors exceeding reporting threshold itemized as memo transactions.

SUBTOTAL of Disbursements This Page (optional).....	506.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 157			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. Mary Beth Hollatz		Date of Disbursement MM / DD / YYYY 09 / 16 / 2015
Mailing Address PO Box 852		Amount of Each Disbursement this Period 115.28
City Sioux Falls	State SD	
Zip Code 57101-0852	Purpose of Disbursement Mileage Reimbursement	Transaction ID : B-S-968
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Mary Beth Hollatz(09/16/15)
State: District:		

Full Name (Last, First, Middle Initial) B. US Postal Service		Date of Disbursement MM / DD / YYYY 09 / 16 / 2015
Mailing Address 320 S 2nd Avenue		Amount of Each Disbursement this Period 5.95
City Sioux Falls	State SD	
Zip Code 57104-7500	Purpose of Disbursement Postage	Transaction ID : B-S-969
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Mary Beth Hollatz(09/16/15)
State: District:		

Full Name (Last, First, Middle Initial) c. Mary Beth Hollatz		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address PO Box 852		Amount of Each Disbursement this Period 192.4
City Sioux Falls	State SD	
Zip Code 57101-0852	Purpose of Disbursement Payroll	Transaction ID : B-E-36388
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	192.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 157			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. Dianne M. Jacobson		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 1116 W Goldthread Circle		Amount of Each Disbursement this Period 1354 Transaction ID : B-I-35822
City Sioux Falls	State SD	
Zip Code 57108-2824	Purpose of Disbursement Inkind: Food/Beverage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Garry W. Jacobson		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 1116 W Goldthread Circle		Amount of Each Disbursement this Period 1354 Transaction ID : B-I-35821
City Sioux Falls	State SD	
Zip Code 57108-2824	Purpose of Disbursement Inkind: Food/Beverage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Kylee A. Kettering		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address PO Box 852		Amount of Each Disbursement this Period 32.32 Transaction ID : B-E-35714
City Sioux Falls	State SD	
Zip Code 57101-0852	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2740.32
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 157			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. Kylee A. Kettering		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2015
Mailing Address PO Box 852		Amount of Each Disbursement this Period 50.79
City Sioux Falls	State SD	
Zip Code 57101-0852	Purpose of Disbursement Payroll	001
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Kylee A. Kettering		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2015
Mailing Address PO Box 852		Amount of Each Disbursement this Period 186.63
City Sioux Falls	State SD	
Zip Code 57101-0852	Purpose of Disbursement Payroll	001
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Kylee A. Kettering		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2015
Mailing Address PO Box 852		Amount of Each Disbursement this Period 182.51
City Sioux Falls	State SD	
Zip Code 57101-0852	Purpose of Disbursement Payroll	001
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	419.93
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 157			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. Kylee A. Kettering		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015
Mailing Address PO Box 852		Amount of Each Disbursement this Period 104.28 Transaction ID : B-E-36240
City Sioux Falls	State SD	
Purpose of Disbursement Payroll	Category/ Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Kylee A. Kettering		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2015
Mailing Address PO Box 852		Amount of Each Disbursement this Period 78.5 Transaction ID : B-E-36389
City Sioux Falls	State SD	
Purpose of Disbursement Payroll	Category/ Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Kristi Lynn Noem		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015
Mailing Address PO Box 852		Amount of Each Disbursement this Period 307 Transaction ID : B-E-36040
City Sioux Falls	State SD	
Purpose of Disbursement Mileage Reimbursement	Category/ Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	489.78
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 157			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. Paul Ryan		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2015
Mailing Address PO Box 771		Amount of Each Disbursement this Period 483.48 Transaction ID : B-E-36335
City Janesville	State WI	
Zip Code 53547-0771	Purpose of Disbursement Mileage Reimbursement	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Jordan P. Stoick		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address PO Box 852		Amount of Each Disbursement this Period 192.28 Transaction ID : B-E-35715
City Sioux Falls	State SD	
Zip Code 57101-0852	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Jordan P. Stoick		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2015
Mailing Address PO Box 852		Amount of Each Disbursement this Period 192.28 Transaction ID : B-E-35773
City Sioux Falls	State SD	
Zip Code 57101-0852	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	868.04
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 157			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. Jordan P. Stoick		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2015
Mailing Address PO Box 852		Amount of Each Disbursement this Period 192.28 Transaction ID : B-E-35874
City Sioux Falls	State SD	
Zip Code 57101-0852	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Jordan P. Stoick		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2015
Mailing Address PO Box 852		Amount of Each Disbursement this Period 192.28 Transaction ID : B-E-35957
City Sioux Falls	State SD	
Zip Code 57101-0852	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Jordan P. Stoick		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015
Mailing Address PO Box 852		Amount of Each Disbursement this Period 192.28 Transaction ID : B-E-36241
City Sioux Falls	State SD	
Zip Code 57101-0852	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	576.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 157 OF 157	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kristi for Congress

Full Name (Last, First, Middle Initial) A. Jordan P. Stoick		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2015
Mailing Address PO Box 852		Amount of Each Disbursement this Period 192.28
City Sioux Falls	State SD Zip Code 57101-0852	
Purpose of Disbursement Payroll	Category/ Type 001	Transaction ID : B-E-36390
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	192.28
TOTAL This Period (last page this line number only).....	115725.18