

**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

Pete Stauber for Congress

ADDRESS (number and street)

23 W Central Entrance

PMB #333

Duluth

MN

55811

☐ Check if different than previously reported. (ACC)

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00650697

3. IS THIS REPORT

☐ NEW (N)

OR

☒ AMENDED (A)

STATE ▼ DISTRICT

MN

08

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

11 / 29 / 2022

through

M M / D D / Y Y Y Y

12 / 31 / 2022

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 Datwyler, Thomas, , ,

Signature of Treasurer

Datwyler, Thomas, , ,

Date

M M / D D / Y Y Y Y

03 / 03 / 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office  
Use  
Only**FEC FORM 3**  
(Revised 05/2016)

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Pete Stauber for Congress

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
11 / 29 / 2022

To:

M M / D D / Y Y Y Y  
12 / 31 / 2022

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)                                                                          |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e)) ....                                             | 10199.44                | 11648.66                           |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....                                                        | 25.00                   | 25.00                              |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                            | 10174.44                | 11623.66                           |
| 7. Net Operating Expenditures                                                                                    |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....                                                         | 99284.92                | 146164.40                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14) .....                                              | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)) .....                                      | 99284.92                | 146164.40                          |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27) .....                                             | 428433.33               |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                    |

For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov).

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Pete Stauber for Congress

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
11 / 29 / 2022

To:

M M / D D / Y Y Y Y  
12 / 31 / 2022**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).....

7542.44

8926.66

(ii) Unitemized .....

2657.00

2722.00

(iii) TOTAL of contributions  
from individuals ▶

10199.44

11648.66

**(b) Political Party Committees.....**

0.00

0.00

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

0.00

0.00

**(d) The Candidate .....**

0.00

0.00

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

10199.44

11648.66

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

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the  
Candidate.....**

0.00

0.00

**(b) All Other Loans.....**

0.00

0.00

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

0.00

0.00

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

0.00

0.00

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

0.00

0.00

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

10199.44

11648.66

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 05/2016)

| II. DISBURSEMENTS                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....                                              | 99284.92                      | 146164.40                          |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:                                                         |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....                                                 | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:                                             |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 25.00                         | 25.00                              |
| (b) Political Party Committees.....                                          | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs) .....                       | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 25.00                         | 25.00                              |
| 21. OTHER DISBURSEMENTS .....                                                | 0.00                          | 0.00                               |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 99309.92                      | 146189.40                          |

## **III. CASH SUMMARY**

|                                                                                       |           |
|---------------------------------------------------------------------------------------|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 517543.81 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 10199.44  |
| 25. SUBTOTAL (add Line 23 and Line 24).....                                           | 527743.25 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 99309.92  |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 428433.33 |

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 5 OF 78

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

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NAME OF COMMITTEE (In Full)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

BECKEN, HAMMON, , MR.,

A.

Mailing Address 11860 21ST ST N

City

LAKE ELMO

State

MN

Zip Code

55042-9634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CEMSTONEOccupation  
CEO

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1700.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 12  |   | 13  |   | 2022        |

Transaction ID : SA11A.40518

Amount of Each Receipt this Period

300.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

BELKHOLM, VIOLET, , ,

B.

Mailing Address 1379 MELODY ST

City

BRAHAM

State

MN

Zip Code

55006-3748

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFCOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 12  |   | 20  |   | 2022        |

Transaction ID : SA11A.40464

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

BRACEWELL, EARL, , ,

C.

Mailing Address PO BOX 119

City

MORA

State

MN

Zip Code

55051-0119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 12  |   | 20  |   | 2022        |

Transaction ID : SA11A.40510

Amount of Each Receipt this Period

150.00

☐ Memo Item  
CONTRIBUTION

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 78

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

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NAME OF COMMITTEE (In Full)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

BRYSON, JOEL, A., ,

A.

Mailing Address 210 1ST ST E

APT 111

City

MILACA

State

MN

Zip Code

56353-1652

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

230.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 12  |   | 13  |   | 2022        |

Transaction ID : SA11A.40516

Amount of Each Receipt this Period

40.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

CHICK, MAXINE, , ,

B.

Mailing Address 608 24TH ST

City

CLOQUET

State

MN

Zip Code

55720-2716

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 12  |   | 13  |   | 2022        |

Transaction ID : SA11A.40520

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

COSTLEY, MITCHEL, , MR.,

C.

Mailing Address PO BOX 42

City

TWO HARBORS

State

MN

Zip Code

55616-0042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

ATTORNEY

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 12  |   | 20  |   | 2022        |

Transaction ID : SA11A.40493

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

565.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 78

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

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NAME OF COMMITTEE (In Full)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

GUTZMAN, WAYNE, , ,

A.

Mailing Address 207 CROSS AVENUE SOUTH

City

CROSBY

State

MN

Zip Code

56441-1601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 20 |   |   | 2022 |   |   |   |

Transaction ID : SA11A.40494

Amount of Each Receipt this Period

100.00



Memo Item

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

HASSER, THOMAS, J., ,

Mailing Address 3039 PHOEBE TRL NW

City

LONGVILLE

State

MN

Zip Code

56655-3275

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

495.00

Date of Receipt

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 20 |   |   | 2022 |   |   |   |

Transaction ID : SA11A.40470

Amount of Each Receipt this Period

75.00



Memo Item

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

HEATON, DALE, , ,

Mailing Address PO BOX 441

City

MOOSE LAKE

State

MN

Zip Code

55767-0441

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

210.00

Date of Receipt

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 13 |   |   | 2022 |   |   |   |

Transaction ID : SA11A.40521

Amount of Each Receipt this Period

30.00



Memo Item

CONTRIBUTION

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

205.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 78

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

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NAME OF COMMITTEE (In Full)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

HOFSTAD, ERIC, , ,

A.

Mailing Address 2132 W CHUB LAKE RD

City

CARLTON

State

MN

Zip Code

55718-8214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 2 | 0 |   | 2 | 0 | 2 | 2 |

Transaction ID : SA11A.40489

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

JUTEN, BARBARA, , ,

Mailing Address 3561 EMERSON RD

City

DULUTH

State

MN

Zip Code

55803-9743

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 2 | 0 |   | 2 | 0 | 2 | 2 |

Transaction ID : SA11A.40503

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

KELLING, JAMES, , ,

Mailing Address 2678 133RD AVE

City

BRAHAM

State

MN

Zip Code

55006-3766

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

240.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 2 | 0 |   | 2 | 0 | 2 | 2 |

Transaction ID : SA11A.40479

Amount of Each Receipt this Period

20.00

☐ Memo Item  
CONTRIBUTION

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

220.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 78

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

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NAME OF COMMITTEE (In Full)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

KOPISCHKE, BERNADETTE, , ,

A.

Mailing Address 30105 NEAL AVE

City

LINDSTROM

State

MN

Zip Code

55045-8364

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

485.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 2 | 7 |   | 2 | 0 | 2 | 2 |

Transaction ID : SA11A.40549

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

LEWIS, DANNY, , ,

Mailing Address 4011 VAN RD E

City

DULUTH

State

MN

Zip Code

55803-9300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 2 | 0 |   | 2 | 0 | 2 | 2 |

Transaction ID : SA11A.40473

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MCCLELLAN, MARK, A., ,

Mailing Address 2019 11TH AVE EAST

City

HIBBING

State

MN

Zip Code

55746-1739

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 2 | 0 |   | 2 | 0 | 2 | 2 |

Transaction ID : SA11A.40512

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

400.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 78

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

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NAME OF COMMITTEE (In Full)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

MINER, DIANE, , ,

A.

Mailing Address 725 MELLWOOD AVE

City

DULUTH

State

MN

Zip Code

55804-1717

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

3813.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 2 | 0 |   | 2 | 0 | 2 | 2 |

Transaction ID : SA11A.40515

Amount of Each Receipt this Period

600.00



Memo Item

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MULLINIX, H. MICHAEL, , ,

Mailing Address 7500 YORK AVE S

APT 716 APT 716

City

MINNEAPOLIS

State

MN

Zip Code

55435-4737

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

575.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 2 | 0 |   | 2 | 0 | 2 | 2 |

Transaction ID : SA11A.40486

Amount of Each Receipt this Period

100.00



Memo Item

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

OPFERMAN, BERNARD, J., ,

Mailing Address 4473 NORMANNA RD

City

DULUTH

State

MN

Zip Code

55803-9234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

240.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 2 | 0 |   | 2 | 0 | 2 | 2 |

Transaction ID : SA11A.40466

Amount of Each Receipt this Period

30.00



Memo Item

CONTRIBUTION

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

730.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 78

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

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NAME OF COMMITTEE (In Full)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

POGORELC, JAMES, , ,

A.

Mailing Address 510 3RD ST. S.W.

City

CHISHOLM

State

MN

Zip Code

55719-1919

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

210.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 2 | 0 |   | 2 | 0 | 2 | 2 |

Transaction ID : SA11A.40498

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

POTTER, RONALD, , ,

Mailing Address 4004 SWANSON SHORES RD

City

ELY

State

MN

Zip Code

55731-8047

FEC ID number of contributing  
federal political committee.

C

Name of Employer

POLARIS INDUSTRIES INC

Occupation

PROJECT MANAGER

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 2 | 0 |   | 2 | 0 | 2 | 2 |

Transaction ID : SA11A.40488

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

RIMA, MERTON, , ,

Mailing Address 413 WOODLAND LN

City

GRAND RAPIDS

State

MN

Zip Code

55744-3534

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

425.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 2 | 0 |   | 2 | 0 | 2 | 2 |

Transaction ID : SA11A.40469

Amount of Each Receipt this Period

75.00

☐ Memo Item  
CONTRIBUTION

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

225.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 78

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

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NAME OF COMMITTEE (In Full)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

ROYER, PATRICIA, , MS.,

A.

Mailing Address 4952 MORRIS THOMAS RD

City

HERMANTOWN

State

MN

Zip Code

55811-3749

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

900.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 12  |   | 20  |   | 2022        |

Transaction ID : SA11A.40508

Amount of Each Receipt this Period

300.00



Memo Item

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

SOPER, HAROLD, , ,

Mailing Address PO BOX 802

City

BRAINERD

State

MN

Zip Code

56401-0802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

325.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 12  |   | 13  |   | 2022        |

Transaction ID : SA11A.40525

Amount of Each Receipt this Period

25.00



Memo Item

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

VANDENBERGHE, ALLAN, J., ,

Mailing Address 16107 COUNTY RD 104

City

BRAINERD

State

MN

Zip Code

56401-1856

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 12  |   | 13  |   | 2022        |

Transaction ID : SA11A.40526

Amount of Each Receipt this Period

150.00



Memo Item

CONTRIBUTION

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

475.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 78

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

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NAME OF COMMITTEE (In Full)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)  
WINRED

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

483317.48

Date of Receipt

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 11 |   |   | 29 |   |   | 2022 |   |   |   |

Transaction ID : SA11C.40418

Amount of Each Receipt this Period

85.00

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLDFull Name (Last, First, Middle Initial)  
HUGHES, ROBERT, , ,

Mailing Address 222 BIRCH STREET NORTH

City  
CAMBRIDGEState  
MNZip Code  
55008-1100FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1130.44

Date of Receipt

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 11 |   |   | 29 |   |   | 2022 |   |   |   |

Transaction ID : SA11A.40420

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)  
MASON, RICHARD, , ,Mailing Address 5427 ONEIDA ST  
5427 ONEIDA ST.City  
DULUTHState  
MNZip Code  
55804-1349FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1350.00

Date of Receipt

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 11 |   |   | 29 |   |   | 2022 |   |   |   |

Transaction ID : SA11A.40419

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

85.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 78

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

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NAME OF COMMITTEE (In Full)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)  
WINRED

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

483317.48

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 02 2022

Transaction ID : SA11C.40421

Amount of Each Receipt this Period

160.00

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLDFull Name (Last, First, Middle Initial)  
CLIFFORD, PAUL, , ,Mailing Address N8062 BOAT LANDING LN  
N8062 BOAT LANDING LANECity  
CRIVITZState  
WIZip Code  
54114-7639FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

SHERWIN-WILLIAMS

VICE PRESIDENT OF SALES

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 02 2022

Transaction ID : SA11A.40424

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)  
WALKER, DONALD, , ,

Mailing Address 18551 MCFARLAND RD

City  
BRAINERDState  
MNZip Code  
56401-6894FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 02 2022

Transaction ID : SA11A.40423

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

125.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 78

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

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NAME OF COMMITTEE (In Full)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

WINRED

A.

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

483317.48

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 12  |   | 04  |   | 2022        |

Transaction ID : SA11C.40425

Amount of Each Receipt this Period

2500.00

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

B.

Full Name (Last, First, Middle Initial)

SCHROEDER, ROBERT, , MR.,

Mailing Address 1107 RIVERSIDE DR

City

KAUKAUNA

State

WI

Zip Code

54130-1929

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

WSI

BUSINESS OWNER

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 12  |   | 04  |   | 2022        |

Transaction ID : SA11A.40426

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

C.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

483317.48

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 12  |   | 05  |   | 2022        |

Transaction ID : SA11C.40427

Amount of Each Receipt this Period

20.22

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

2500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 OF 78

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

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NAME OF COMMITTEE (In Full)

**Pete Stauber for Congress**

Full Name (Last, First, Middle Initial)

GEORGES, JERALDINE, , ,

**A.**

Mailing Address 5282 W LISMORE RD

City

DULUTH

State

MN

Zip Code

55803-9426

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ST. LOUIS COUNTY

Occupation

APPRAISER

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

286.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 05 2022

Transaction ID : SA11A.40428

Amount of Each Receipt this Period

20.22



Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

**B.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

483317.48

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 07 2022

Transaction ID : SA11C.40435

Amount of Each Receipt this Period

45.00



Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)

KNUDSON, RANDALL, , ,

**C.**

Mailing Address 231 COUNTY RD 60

231 COUNTY ROAD 60

City

GRAND MARAIS

State

MN

Zip Code

55604-2281

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION PROVIDERS

Occupation

ACCOUNT EXECUTIVE

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 07 2022

Transaction ID : SA11A.40437

Amount of Each Receipt this Period

20.00



Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

40.22

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 78

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

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NAME OF COMMITTEE (In Full)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

PETERSON, LINDA, , ,

A.

Mailing Address 3750 LAVAQUE ROAD

3750 LAVAQUE ROAD

City

HERMANTOWN

State

MN

Zip Code

55810-9719

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

550.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 0 | 7 |   | 2 | 0 | 2 | 2 |

Transaction ID : SA11A.40436

Amount of Each Receipt this Period

25.00



Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

B.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

483317.48

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 1 | 0 |   | 2 | 0 | 2 | 2 |

Transaction ID : SA11C.40438

Amount of Each Receipt this Period

20.22



Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

C.

Full Name (Last, First, Middle Initial)

CAREY, JODIE, , ,

Mailing Address 20769 STONY POINT RD

City

GRAND RAPIDS

State

MN

Zip Code

55744-5000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GRAND ITASCA CLINIC

Occupation

APRN

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1847.42

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 1 | 0 |   | 2 | 0 | 2 | 2 |

Transaction ID : SA11A.40439

Amount of Each Receipt this Period

20.22



Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

45.22

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 78

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

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NAME OF COMMITTEE (In Full)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)  
WINRED

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

483317.48

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 12  |   | 14  |   | 2022        |

Transaction ID : SA11C.40442

Amount of Each Receipt this Period

25.00

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLDFull Name (Last, First, Middle Initial)  
MEYER, ANGIE, , ,Mailing Address 1101 BONG BOULEVARD  
1101 BONG BOULEVARDCity  
DULUTHState  
MNZip Code  
55811-5923FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 12  |   | 14  |   | 2022        |

Transaction ID : SA11A.40443

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)  
WINRED

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

483317.48

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 12  |   | 18  |   | 2022        |

Transaction ID : SA11C.40446

Amount of Each Receipt this Period

42.00

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

25.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 78

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

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NAME OF COMMITTEE (In Full)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

FUGLESTAD, ROALD, , ,

A.

Mailing Address 1015 LADYSLIPPER LANE UNIT 13

City

PARK RAPIDS

State

MN

Zip Code

56470-3526

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

924.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 18  |   | 2022    |

Transaction ID : SA11A.40447

Amount of Each Receipt this Period

42.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

B.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

483317.48

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 21  |   | 2022    |

Transaction ID : SA11C.40452

Amount of Each Receipt this Period

50.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

C.

Full Name (Last, First, Middle Initial)

MARTIN, SCOTT, , ,

Mailing Address 13209 TOWER RD

City

HINCKLEY

State

MN

Zip Code

55037-4852

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

265.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 21  |   | 2022    |

Transaction ID : SA11A.40453

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

92.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 78

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

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NAME OF COMMITTEE (In Full)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)  
WINRED

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

483317.48

Date of Receipt

|     |   |     |   |           |
|-----|---|-----|---|-----------|
| M M | / | D D | / | Y Y Y Y Y |
| 12  |   | 26  |   | 2022      |

Transaction ID : SA11C.40454

Amount of Each Receipt this Period

75.00

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLDFull Name (Last, First, Middle Initial)  
OSTERN, GERALD, , ,

Mailing Address 11769 LAURIE RD

City  
FLOODWOODState  
MNZip Code  
55736-8167FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

DELTA AIRLINES

PILOT

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1345.00

Date of Receipt

|     |   |     |   |           |
|-----|---|-----|---|-----------|
| M M | / | D D | / | Y Y Y Y Y |
| 12  |   | 26  |   | 2022      |

Transaction ID : SA11A.40455

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)  
WINRED

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

483317.48

Date of Receipt

|     |   |     |   |           |
|-----|---|-----|---|-----------|
| M M | / | D D | / | Y Y Y Y Y |
| 12  |   | 28  |   | 2022      |

Transaction ID : SA11C.40534

Amount of Each Receipt this Period

1020.00

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

50.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 78

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

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NAME OF COMMITTEE (In Full)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

SHEEHAN, KRISTEN, , ,

A.

Mailing Address 1117 MACEY WAY

City

STILLWATER

State

MN

Zip Code

55082-4591

FEC ID number of contributing  
federal political committee.

C

Name of Employer

K2

Occupation

PARTNER

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 2 | 8 |   | 2 | 0 | 2 | 2 |

Transaction ID : SA11A.40537

Amount of Each Receipt this Period

1000.00



Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

B.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

483317.48

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 2 | 9 |   | 2 | 0 | 2 | 2 |

Transaction ID : SA11C.40538

Amount of Each Receipt this Period

85.00



Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

C.

Full Name (Last, First, Middle Initial)

HUGHES, ROBERT, , ,

Mailing Address 222 BIRCH STREET NORTH

City

CAMBRIDGE

State

MN

Zip Code

55008-1100

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1130.44

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 2 | 9 |   | 2 | 0 | 2 | 2 |

Transaction ID : SA11A.40540

Amount of Each Receipt this Period

35.00



Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

1035.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 78

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

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NAME OF COMMITTEE (In Full)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

MASON, RICHARD, , ,

A.

Mailing Address 5427 ONEIDA ST

5427 ONEIDA ST.

City

DULUTH

State

MN

Zip Code

55804-1349

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1350.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 2 | 9 |   | 2 | 0 | 2 | 2 |

Transaction ID : SA11A.40539

Amount of Each Receipt this Period

50.00



Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

B.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

483317.48

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 3 | 0 |   | 2 | 0 | 2 | 2 |

Transaction ID : SA11C.40541

Amount of Each Receipt this Period

245.00



Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

C.

Full Name (Last, First, Middle Initial)

HUGHES, ROBERT, , ,

Mailing Address 222 BIRCH STREET NORTH

City

CAMBRIDGE

State

MN

Zip Code

55008-1100

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1130.44

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 3 | 0 |   | 2 | 0 | 2 | 2 |

Transaction ID : SA11A.40543

Amount of Each Receipt this Period

25.00



Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

75.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 78

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

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NAME OF COMMITTEE (In Full)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

JORGENSEN, JOSEPH, , ,

A.

Mailing Address 2785 DAVIS ST S

City

CAMBRIDGE

State

MN

Zip Code

55008-7128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

357.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 30 2022

Transaction ID : SA11A.40542

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

B.

Full Name (Last, First, Middle Initial)

SWANSON, CHRISTOPHER, , ,

Mailing Address 719 3RD AVE

City

TWO HARBORS

State

MN

Zip Code

55616-1519

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PURE DRIVEN

Occupation

OWNER

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 30 2022

Transaction ID : SA11A.40545

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

150.00

7542.44

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 78

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

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NAME OF COMMITTEE (In Full)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. CROMBIE, LOUIS, , ,**

Mailing Address 12885 EXECUTIVE ACRES RD

City  
BRAINERDState  
MNZip Code  
56401Purpose of Disbursement  
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 02  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

4173.31

Transaction ID : SB17.I2640

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. B&H**

Mailing Address 420 9TH AVE

City  
NEW YORKState  
NYZip Code  
10001Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 21  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

3558.80

Transaction ID : SB17.I2667

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. HOLIDAY INN**

Mailing Address 4725 MARKET STREET

City  
DULUTHState  
MNZip Code  
55811Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 03  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

237.35

Transaction ID : SB17.I2665

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4173.31

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 78

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. HOLIDAY INN**

Mailing Address 4725 MARKET STREET

City  
DULUTHState  
MNZip Code  
55811Purpose of Disbursement  
TRAVEL

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 1 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

377.16

Transaction ID : SB17.I2666

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. ELORANTA, JOHN, , ,**Mailing Address 6485 KOSKI RD  
6485 KOSKI RDCity  
TOWERState  
MNZip Code  
55790Purpose of Disbursement  
EXPENSE REIMBURSEMENTCategory/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 0 | 2 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

51.38

Transaction ID : SB17.I2636

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SAM'S CLUB**

Mailing Address 4743 MAPLE GROVE RD

City  
HERMANTOWNState  
MNZip Code  
55811Purpose of Disbursement  
OFFICE SUPPLIES

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 1 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

51.38

Transaction ID : SB17.I2659

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

51.38

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 78

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. JOHNSON, KELSEY, , ,**

Mailing Address 4206 TURNER RD

City  
DULUTHState  
MNZip Code  
55803Purpose of Disbursement  
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 29  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

301.83

Transaction ID : SB17.I2638

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. JOHNSON, KELSEY, , ,**

Mailing Address 4206 TURNER RD

City  
DULUTHState  
MNZip Code  
55803Purpose of Disbursement  
MILEAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 29  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

224.38

Transaction ID : SB17.I2662

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. KWIK TRIP**

Mailing Address 1626 OAK STREET

City  
LA CROSSEState  
WIZip Code  
54602Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09  |   | 07  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

77.45

Transaction ID : SB17.I2663

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

301.83

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 78

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

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NAME OF COMMITTEE (In Full)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. JOHNSON, KELSEY, , ,**

Mailing Address 4206 TURNER RD

City  
DULUTHState  
MNZip Code  
55803Purpose of Disbursement  
EXPENSE REIMBURSEMENT

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:

Date of Disbursement

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|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 2 | 9 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2246.96

Transaction ID : SB17.I2639

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. JOHNSON, KELSEY, , ,**

Mailing Address 4206 TURNER RD

City  
DULUTHState  
MNZip Code  
55803Purpose of Disbursement  
MILEAGE

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:

Date of Disbursement

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| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 2 | 9 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2246.96

Transaction ID : SB17.I2664

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. MILLER, KATLYNN, , ,**Mailing Address 260 IKOLA RD  
260 IKOLA RDCity  
ESKOState  
MNZip Code  
55733Purpose of Disbursement  
EXPENSE REIMBURSEMENT

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 1 | 3 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

159.18

Transaction ID : SB17.I2637

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2406.14

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 78

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. KWIK TRIP**

Mailing Address 1626 OAK STREET

City  
LA CROSSEState  
WIZip Code  
54602Purpose of Disbursement  
TRAVEL

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 28  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

59.18

Transaction ID : SB17.I2660

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. KWIK TRIP**

Mailing Address 1626 OAK STREET

City  
LA CROSSEState  
WIZip Code  
54602Purpose of Disbursement  
TRAVEL

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 07  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

100.00

Transaction ID : SB17.I2661

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. VOSBEEK, HAYDEN, , ,**

Mailing Address 4615 BLUEBILL LN NE

City  
BEMIDJIState  
MNZip Code  
56601Purpose of Disbursement  
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 02  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

879.38

Transaction ID : SB17.I2635

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

879.38

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 78

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. VOSBEEK, HAYDEN, , ,**

Mailing Address 4615 BLUEBILL LN NE

City  
BEMIDJIState  
MNZip Code  
56601Purpose of Disbursement  
MILEAGE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 12  | 02  | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

879.38

Transaction ID : SB17.I2658

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. 814 CONSULTING LLC**

Mailing Address 5827 COLFAX AVE

City  
ALEXANDRIAState  
VAZip Code  
22311Purpose of Disbursement  
FUNDRAISING CONSULTING

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 12  | 09  | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

15023.49

Transaction ID : SB17.I2764

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. 9SEVEN CONSULTING**

Mailing Address PO BOX 183

City  
HUDSONState  
WIZip Code  
54016Purpose of Disbursement  
COMPLIANCE CONSULTING

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 12  | 05  | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

2439.85

Transaction ID : SB17.I2765

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

17463.34

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 78

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLASState  
TXZip Code  
75265Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
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| M M | / | D D | / | Y Y Y Y |
| 12  |   | 03  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

13769.55

Transaction ID : SB17.I2646

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ALICES FAMILY RESTAURANT**

Mailing Address 203 MAIN ST

City  
BAUDETTEState  
MNZip Code  
56623Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
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| M M | / | D D | / | Y Y Y Y |
| 11  |   | 04  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

148.71

Transaction ID : SB17.I2698

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERIC INN**

Mailing Address 250 LAKE DR. E

City  
CHANHASSENState  
MNZip Code  
55317Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 04  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

165.22

Transaction ID : SB17.I2699

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

13769.55

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 78

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. AMERIC INN**

Mailing Address 250 LAKE DR. E

City  
CHANHASSENState  
MNZip Code  
55317Purpose of Disbursement  
TRAVEL

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 4 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

165.22

Transaction ID : SB17.I2700

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERIC INN**

Mailing Address 250 LAKE DR. E

City  
CHANHASSENState  
MNZip Code  
55317Purpose of Disbursement  
TRAVEL

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 4 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

165.22

Transaction ID : SB17.I2701

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERIC INN**

Mailing Address 250 LAKE DR. E

City  
CHANHASSENState  
MNZip Code  
55317Purpose of Disbursement  
TRAVEL

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 4 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

165.22

Transaction ID : SB17.I2702

☒ Memo Item**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 78

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. AMERIC INN**

Mailing Address 250 LAKE DR. E

City  
CHANHASSENState  
MNZip Code  
55317Purpose of Disbursement  
TRAVEL

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 4 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

165.22

Transaction ID : SB17.I2703

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERIC INN**

Mailing Address 250 LAKE DR. E

City  
CHANHASSENState  
MNZip Code  
55317Purpose of Disbursement  
TRAVEL

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 4 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

165.22

Transaction ID : SB17.I2704

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERIC INN**

Mailing Address 250 LAKE DR. E

City  
CHANHASSENState  
MNZip Code  
55317Purpose of Disbursement  
TRAVEL

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 4 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

165.22

Transaction ID : SB17.I2707

☒ Memo Item**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 78

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. AMERIC INN**

Mailing Address 250 LAKE DR. E

City  
CHANHASSENState  
MNZip Code  
55317Purpose of Disbursement  
TRAVEL

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 6 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

114.62

Transaction ID : SB17.I2728

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERIC INN**

Mailing Address 250 LAKE DR. E

City  
CHANHASSENState  
MNZip Code  
55317Purpose of Disbursement  
TRAVEL

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 6 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

114.62

Transaction ID : SB17.I2729

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERIC INN**

Mailing Address 250 LAKE DR. E

City  
CHANHASSENState  
MNZip Code  
55317Purpose of Disbursement  
TRAVEL

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 6 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

114.62

Transaction ID : SB17.I2730

☒ Memo Item**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 78

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

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NAME OF COMMITTEE (In Full)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. AMERIC INN**

Mailing Address 250 LAKE DR. E

City  
CHANHASSENState  
MNZip Code  
55317Purpose of Disbursement  
TRAVEL

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 6 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

114.62

Transaction ID : SB17.I2731

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERIC INN**

Mailing Address 250 LAKE DR. E

City  
CHANHASSENState  
MNZip Code  
55317Purpose of Disbursement  
TRAVEL

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 6 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

114.62

Transaction ID : SB17.I2732

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERIC INN**

Mailing Address 250 LAKE DR. E

City  
CHANHASSENState  
MNZip Code  
55317Purpose of Disbursement  
TRAVEL

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 6 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

114.62

Transaction ID : SB17.I2733

☒ Memo Item**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 78

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. AMERIC INN**

Mailing Address 250 LAKE DR. E

City  
CHANHASSENState  
MNZip Code  
55317Purpose of Disbursement  
TRAVEL

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 6 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

114.62

Transaction ID : SB17.I2734

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERIC INN**

Mailing Address 250 LAKE DR. E

City  
CHANHASSENState  
MNZip Code  
55317Purpose of Disbursement  
TRAVEL

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 8 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

200.00

Transaction ID : SB17.I2741

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERIC INN**

Mailing Address 250 LAKE DR. E

City  
CHANHASSENState  
MNZip Code  
55317Purpose of Disbursement  
TRAVEL

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 8 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

80.00

Transaction ID : SB17.I2743

☒ Memo Item**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 78

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. AMERIC INN**

Mailing Address 250 LAKE DR. E

City  
CHANHASSENState  
MNZip Code  
55317Purpose of Disbursement  
TRAVEL

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 9 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

151.72

Transaction ID : SB17.I2745

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERIC INN**

Mailing Address 250 LAKE DR. E

City  
CHANHASSENState  
MNZip Code  
55317Purpose of Disbursement  
TRAVEL

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 9 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

151.72

Transaction ID : SB17.I2746

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERIC INN**

Mailing Address 250 LAKE DR. E

City  
CHANHASSENState  
MNZip Code  
55317Purpose of Disbursement  
TRAVEL

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 9 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

151.72

Transaction ID : SB17.I2747

☒ Memo Item**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 78

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. AMERIC INN**

Mailing Address 250 LAKE DR. E

City  
CHANHASSENState  
MNZip Code  
55317Purpose of Disbursement  
TRAVEL

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 9 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

151.72

Transaction ID : SB17.I2748

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERIC INN**

Mailing Address 250 LAKE DR. E

City  
CHANHASSENState  
MNZip Code  
55317Purpose of Disbursement  
TRAVEL

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 9 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

132.54

Transaction ID : SB17.I2749

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLASState  
TXZip Code  
75265Purpose of Disbursement  
CREDIT CARD PROCESSING

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 2 | 4 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : SB17.I2755

☒ Memo Item**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 78

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. BACKUS CORNER STORE**

Mailing Address 402 WREN TRAIL NW

City  
BACKUSState  
MNZip Code  
56435Purpose of Disbursement  
TRAVEL

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 5 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

60.49

Transaction ID : SB17.I2717

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. BACKUS CORNER STORE**

Mailing Address 402 WREN TRAIL NW

City  
BACKUSState  
MNZip Code  
56435Purpose of Disbursement  
TRAVEL

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 5 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

69.39

Transaction ID : SB17.I2719

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. BAGLEY AMERICAN LEGION**

Mailing Address 114 MAIN AVE N

City  
BAGLEYState  
MNZip Code  
56621Purpose of Disbursement  
FOOD AND BEVERAGE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 4 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

38.00

Transaction ID : SB17.I2705

☒ Memo Item**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 78

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. BGS BAR AND GRILL**

Mailing Address 5494 HWY 7

City  
VIRGINIAState  
MNZip Code  
55792Purpose of Disbursement  
FOOD AND BEVERAGE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 07  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

221.86

Transaction ID : SB17.I2737

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. BLACKWOODS CATERING**

Mailing Address 195 US RTE 2

City  
PROCTORState  
MNZip Code  
55810Purpose of Disbursement  
FOOD AND BEVERAGE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 01  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

3248.44

Transaction ID : SB17.I2689

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. BLACKWOODS BAR AND GRILL**

Mailing Address 195 US RTE 2

City  
PROCTORState  
MNZip Code  
55810Purpose of Disbursement  
FOOD AND BEVERAGE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 08  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

187.37

Transaction ID : SB17.I2744

☒ Memo Item**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 40 OF 78

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. BLACKWOODS CATERING**

Mailing Address 195 US RTE 2

City  
PROCTORState  
MNZip Code  
55810Purpose of Disbursement  
FOOD AND BEVERAGE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 14  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

380.00

Transaction ID : SB17.I2752

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. BLUE HERON GRILL**

Mailing Address 14725 VICTOR HUGO BLVD

City  
HUGOState  
MNZip Code  
55038Purpose of Disbursement  
FOOD AND BEVERAGE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 06  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

105.03

Transaction ID : SB17.I2726

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. BRIDGEMAN'S**

Mailing Address 2202 MOUNTAIN SHADOW DR

City  
DULUTHState  
MNZip Code  
55811Purpose of Disbursement  
FOOD AND BEVERAGE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 09  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

111.63

Transaction ID : SB17.I2750

☒ Memo Item**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 41 OF 78

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

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NAME OF COMMITTEE (In Full)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. BULLFEATHERS**

Mailing Address 410 FIRST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
FOOD AND BEVERAGE

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 2 | 7 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

25.22

Transaction ID : SB17.I2686

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITOL HILL CLUB**

Mailing Address 300 FIRST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
FOOD AND BEVERAGE

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 1 | 5 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

676.88

Transaction ID : SB17.I2753

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. CENEX**

Mailing Address 5500 CENEX DR

City  
INVER GROVEState  
MNZip Code  
55077Purpose of Disbursement  
TRAVEL

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 5 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

67.35

Transaction ID : SB17.I2718

☒ Memo Item**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 42 OF 78

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

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NAME OF COMMITTEE (In Full)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. CENEX**

Mailing Address 5500 CENEX DR

City  
INVER GROVEState  
MNZip Code  
55077Purpose of Disbursement  
TRAVEL

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 5 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

100.00

Transaction ID : SB17.I2720

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. CENTRAL MICHEL RICHA**

Mailing Address 1001 PENNSYLVANIA AVE NW

City  
WASHINGTONState  
DCZip Code  
20004Purpose of Disbursement  
FOOD AND BEVERAGE

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 1 | 5 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

272.50

Transaction ID : SB17.I2754

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. COUNTRY INN & SUITES**

Mailing Address 701 CARLSON PKWY #300

City  
MINNETONKAState  
MNZip Code  
55305Purpose of Disbursement  
TRAVEL

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 5 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

133.14

Transaction ID : SB17.I2708

☒ Memo Item**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 43 OF 78

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. COUNTRY INN & SUITES**

Mailing Address 701 CARLSON PKWY #300

City  
MINNETONKAState  
MNZip Code  
55305Purpose of Disbursement  
TRAVEL

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 05  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

133.14

Transaction ID : SB17.I2709

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. COUNTRY INN & SUITES**

Mailing Address 701 CARLSON PKWY #300

City  
MINNETONKAState  
MNZip Code  
55305Purpose of Disbursement  
TRAVEL

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 05  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

133.14

Transaction ID : SB17.I2710

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. COUNTRY INN & SUITES**

Mailing Address 701 CARLSON PKWY #300

City  
MINNETONKAState  
MNZip Code  
55305Purpose of Disbursement  
TRAVEL

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 05  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

133.14

Transaction ID : SB17.I2711

☒ Memo Item**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 78

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

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NAME OF COMMITTEE (In Full)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. COUNTRY INN & SUITES**

Mailing Address 701 CARLSON PKWY #300

City  
MINNETONKAState  
MNZip Code  
55305Purpose of Disbursement  
TRAVEL

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

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| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 5 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

133.14

Transaction ID : SB17.I2712

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. COUNTRY INN & SUITES**

Mailing Address 701 CARLSON PKWY #300

City  
MINNETONKAState  
MNZip Code  
55305Purpose of Disbursement  
TRAVEL

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 5 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

144.33

Transaction ID : SB17.I2713

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. COUNTRY INN & SUITES**

Mailing Address 701 CARLSON PKWY #300

City  
MINNETONKAState  
MNZip Code  
55305Purpose of Disbursement  
TRAVEL

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 5 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

133.14

Transaction ID : SB17.I2715

☒ Memo Item**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 45 OF 78

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. COUNTY MARKET**

Mailing Address 201 W. BLACKHAWK DR.

City  
BYRONState  
ILZip Code  
61010Purpose of Disbursement  
FOOD AND BEVERAGE

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 4 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

123.64

Transaction ID : SB17.I2696

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. COUNTY MARKET**

Mailing Address 201 W. BLACKHAWK DR.

City  
BYRONState  
ILZip Code  
61010Purpose of Disbursement  
FOOD AND BEVERAGE

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 4 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

71.83

Transaction ID : SB17.I2697

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. DAIRY QUEEN**

Mailing Address 8331 NORMAN CENTER DR. #700

City  
BLOOMINGTONState  
MNZip Code  
55437Purpose of Disbursement  
FOOD AND BEVERAGE

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 2 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

12.44

Transaction ID : SB17.I2692

☒ Memo Item**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 46 OF 78

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

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NAME OF COMMITTEE (In Full)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. DOMINO'S PIZZA**

Mailing Address 30 FRANK LLOYD WRIGHT DRIVE

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 06  |   | 2022    |

City  
ANN ARBORState  
MIZip Code  
48105

FEC Identification Number

C

Purpose of Disbursement  
FOOD AND BEVERAGE

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

105.41

Transaction ID : SB17.I2727

☒ Memo Item

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)

**B. GOOGLE**

Mailing Address 1600 AMPHITHEATRE PARKWAY

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 01  |   | 2022    |

City  
MOUNTAIN VIEWState  
CAZip Code  
94043

FEC Identification Number

C

Purpose of Disbursement  
SOFTWARE

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

102.00

Transaction ID : SB17.I2688

☒ Memo Item

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. GORDYS WARMING HOUSE**

Mailing Address 411 SUNNYSIDE DR.

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 08  |   | 2022    |

City  
CLOQUETState  
MNZip Code  
55720

FEC Identification Number

C

Purpose of Disbursement  
FOOD AND BEVERAGE

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

22.12

Transaction ID : SB17.I2740

☒ Memo Item

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).....▶

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 47 OF 78

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. HOLIDAY INN**

Mailing Address 3 RAVINIA DRIVE, SUITE 100

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 07  |   | 2022    |

City  
ATLANTAState  
GAZip Code  
30346

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL

001

Amount of Each Disbursement this Period

143.11

Transaction ID : SB17.I2735

☒ Memo Item

Candidate Name

Category/  
Type

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)

**B. HOLIDAY INN**

Mailing Address 3 RAVINIA DRIVE, SUITE 100

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 07  |   | 2022    |

City  
ATLANTAState  
GAZip Code  
30346

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL

001

Amount of Each Disbursement this Period

143.11

Transaction ID : SB17.I2738

☒ Memo Item

Candidate Name

Category/  
Type

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. HOLIDAY INN**

Mailing Address 3 RAVINIA DRIVE, SUITE 100

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 07  |   | 2022    |

City  
ATLANTAState  
GAZip Code  
30346

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL

001

Amount of Each Disbursement this Period

143.11

Transaction ID : SB17.I2739

☒ Memo Item

Candidate Name

Category/  
Type

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).....▶

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 48 OF 78

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. KUNNARI'S KITCHEN**

Mailing Address 1305 8TH STREET SOUTH

City  
VIRGINIAState  
MNZip Code  
55792Purpose of Disbursement  
FOOD AND BEVERAGE

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 03  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

45.78

Transaction ID : SB17.I2693

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. KUNNARI'S KITCHEN**

Mailing Address 1305 8TH STREET SOUTH

City  
VIRGINIAState  
MNZip Code  
55792Purpose of Disbursement  
FOOD AND BEVERAGE

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 03  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

6.15

Transaction ID : SB17.I2694

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. KWIK TRIP**

Mailing Address 4978 MILLER TRUNK HWY

City  
HERMANTOWNState  
MNZip Code  
55811Purpose of Disbursement  
TRAVEL

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 06  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

124.45

Transaction ID : SB17.I2722

☒ Memo Item**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 49 OF 78

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. KWIK TRIP**

Mailing Address 4978 MILLER TRUNK HWY

City  
HERMANTOWNState  
MNZip Code  
55811Purpose of Disbursement  
TRAVEL

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 07  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

36.35

Transaction ID : SB17.I2736

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. LARDENTE**

Mailing Address 200 MASSACHUSETTS AVE NW

City  
WASHINGTONState  
DCZip Code  
20001Purpose of Disbursement  
FOOD AND BEVERAGE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 27  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

201.96

Transaction ID : SB17.I2685

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. LOCO ESPRESS INC.**

Mailing Address 1521 NORTHERN PACIFIC RD

City  
BRAINERDState  
MNZip Code  
56401Purpose of Disbursement  
FOOD AND BEVERAGE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 05  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

22.37

Transaction ID : SB17.I2716

☒ Memo Item**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 78

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

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NAME OF COMMITTEE (In Full)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. ODTGINC.COM**

Mailing Address 500 OLD DOMINION WAY

City  
THOMASVILLEState  
NCZip Code  
27360Purpose of Disbursement  
TAXI

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 2 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

55.60

Transaction ID : SB17.I2690

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. RPS DULUTH AIRPORT**

Mailing Address 2127 OLD NORTH SHORE DR.

City  
DULUTHState  
MNZip Code  
55804Purpose of Disbursement  
AIRFARE

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 2 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

70.00

Transaction ID : SB17.I2691

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. SALS ANGUS GRILL**

Mailing Address 12010 KEYSTONE AVE N

City  
STILLWATERState  
MNZip Code  
55082Purpose of Disbursement  
FOOD AND BEVERAGE

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 5 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

550.63

Transaction ID : SB17.I2714

☒ Memo Item**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 51 OF 78

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

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NAME OF COMMITTEE (In Full)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. SANTA ROSA TAQUERIA**

Mailing Address 301 PENNSYLVANIA AVE. SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
FOOD AND BEVERAGE

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 3 | 1 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

44.54

Transaction ID : SB17.I2687

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. SKYLINE SOCIAL**

Mailing Address 4894 MILLER TRUNK HWY

City  
DULUTHState  
MNZip Code  
55811Purpose of Disbursement  
FOOD AND BEVERAGE

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 6 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

177.70

Transaction ID : SB17.I2721

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. SUPER ONE LIQUOR**

Mailing Address 1316 W. ARROWHEAD ROAD

City  
DULUTHState  
MNZip Code  
55811Purpose of Disbursement  
FOOD AND BEVERAGE

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 8 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

250.97

Transaction ID : SB17.I2742

☒ Memo Item**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 52 OF 78

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. THE BOULDERS**

Mailing Address 8363 LAKE LAND TRAIL NW

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 04  |   | 2022    |

City  
WALKERState  
MNZip Code  
56484

FEC Identification Number

C

Purpose of Disbursement  
FOOD AND BEVERAGE

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

510.42

Transaction ID : SB17.I2706

☒ Memo Item

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)

**B. TOBIES RESTAURANT, INC**

Mailing Address 404 FIRE MONUMENT RD

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 06  |   | 2022    |

City  
HINCKLEYState  
MNZip Code  
55037

FEC Identification Number

C

Purpose of Disbursement  
FOOD AND BEVERAGE

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

12.94

Transaction ID : SB17.I2723

☒ Memo Item

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. TOBIES RESTAURANT, INC**

Mailing Address 404 FIRE MONUMENT RD

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 06  |   | 2022    |

City  
HINCKLEYState  
MNZip Code  
55037

FEC Identification Number

C

Purpose of Disbursement  
FOOD AND BEVERAGE

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

87.13

Transaction ID : SB17.I2725

☒ Memo Item

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).....▶

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 53 OF 78

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. TOBIES STATION INC.**

Mailing Address 402 FIRE MONUMENT RD

City  
HINCKLEYState  
MNZip Code  
55037Purpose of Disbursement  
TRAVEL

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 06  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

74.25

Transaction ID : SB17.I2724

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. WIFIONBOARD**

Mailing Address 233 S WACKER DR.

City  
CHICAGOState  
ILZip Code  
60606Purpose of Disbursement  
AIRFARE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 13  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

599.00

Transaction ID : SB17.I2751

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. YAHOO**

Mailing Address 1199 COLEMAN AVE

City  
SAN JOSEState  
CAZip Code  
95110Purpose of Disbursement  
SOFTWARE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 03  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

348.20

Transaction ID : SB17.I2695

☒ Memo Item**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 54 OF 78

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 650448

City  
DALLASState  
TXZip Code  
75265Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 03  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

948.79

Transaction ID : SB17.I2647

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BETTY'S PIES LLC**

Mailing Address 1633 MN-61

City  
TWO HARBORSState  
MNZip Code  
55616Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 02  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

99.64

Transaction ID : SB17.I2757

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. BLACKWOODS CATERING**

Mailing Address 195 US RTE 2

City  
PROCTORState  
MNZip Code  
55810Purpose of Disbursement  
FOOD AND BEVERAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 09  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

182.00

Transaction ID : SB17.I2760

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

948.79

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 55 OF 78

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. DULUTH AREA CHAMBER**

Mailing Address 5 W 1ST ST #101

City  
DULUTHState  
MNZip Code  
55802Purpose of Disbursement  
DONATION

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 3 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

150.00

Transaction ID : SB17.I2759

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. HILTON**

Mailing Address 7930 JONES BRANCH DR.

City  
MCLEANState  
VAZip Code  
22102Purpose of Disbursement  
TRAVEL

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 1 | 7 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

- 16.14

Transaction ID : SB17.I2763

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. HOLIDAY STATIONSTORE**

Mailing Address 4567 AMERICAN BLVD W

City  
BLOOMINGTONState  
MNZip Code  
55437Purpose of Disbursement  
TRAVEL

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 2 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

75.01

Transaction ID : SB17.I2758

☒ Memo Item**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 56 OF 78

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. KITCHI GAMMI CLUB**Mailing Address 831 E SUPERIOR ST  
831 E SUPERIOR STCity  
DULUTHState  
MNZip Code  
55802Purpose of Disbursement  
EVENT

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 10  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

314.15

Transaction ID : SB17.I2762

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. KUNNARI'S KITCHEN**

Mailing Address 1305 8TH STREET SOUTH

City  
VIRGINIAState  
MNZip Code  
55792Purpose of Disbursement  
FOOD AND BEVERAGE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 31  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

84.13

Transaction ID : SB17.I2756

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. KWIK TRIP**

Mailing Address 4978 MILLER TRUNK HWY

City  
HERMANTOWNState  
MNZip Code  
55811Purpose of Disbursement  
TRAVEL

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 09  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

60.00

Transaction ID : SB17.I2761

☒ Memo Item

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 57 OF 78

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. AT&T**

Mailing Address 208 S AKARD ST

City  
DALLASState  
TXZip Code  
75202Purpose of Disbursement  
TELEPHONE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 1 | 6 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

251.74

Transaction ID : SB17.I2766

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITOL HILL CLUB**

Mailing Address 300 FIRST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
FOOD AND BEVERAGE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 1 | 5 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

385.45

Transaction ID : SB17.I2767

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**Mailing Address 1445-A LAUGHLIN AVE  
1445-A LAUGHLIN AVECity  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
BANK SERVICE CHARGE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 0 | 2 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

12.00

Transaction ID : SB17.I2768

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

649.19

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 58 OF 78

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**Mailing Address 1445-A LAUGHLIN AVE  
1445-A LAUGHLIN AVECity  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
BANK SERVICE CHARGE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 12  | 07  | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : SB17.I2769

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**Mailing Address 1445-A LAUGHLIN AVE  
1445-A LAUGHLIN AVECity  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
BANK SERVICE CHARGE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 12  | 09  | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : SB17.I2770

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**Mailing Address 1445-A LAUGHLIN AVE  
1445-A LAUGHLIN AVECity  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
BANK SERVICE CHARGE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 12  | 13  | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : SB17.I2771

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

75.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 59 OF 78

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

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NAME OF COMMITTEE (In Full)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. CMDI**Mailing Address 1593 SPRING HILL RD, STE 400  
1593 SPRING HILL RD, STE 400City  
TYSONS CORNERState  
VAZip Code  
22182Purpose of Disbursement  
CREDIT CARD PROCESSING

001

Candidate Name

Category/  
TypeOffice 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:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 06  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

1300.00

Transaction ID : SB17.I2772

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. COLORS BY CRAIG**

Mailing Address 57249 COUNTY RD 33

City  
PINE CITYState  
MNZip Code  
55063Purpose of Disbursement  
PRINTING

001

Candidate Name

Category/  
TypeOffice 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:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 15  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

200.00

Transaction ID : SB17.I2773

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. GOOGLE**

Mailing Address 1600 AMPHITHEATRE PARKWAY

City  
MOUNTAIN VIEWState  
CAZip Code  
94043Purpose of Disbursement  
SOFTWARE

001

Candidate Name

Category/  
TypeOffice 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:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 01  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

102.00

Transaction ID : SB17.I2774

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1602.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 60 OF 78

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. GUSTO**Mailing Address 525 20TH ST  
531 20TH STCity  
SAN FRANCISCOState  
CAZip Code  
94107Purpose of Disbursement  
PAYROLL WAGES

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 2 | 9 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

9449.59

Transaction ID : SB17.I2641

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CROMBIE, LOUIS, , ,**

Mailing Address 12885 EXECUTIVE ACRES RD

City  
BRAINERDState  
MNZip Code  
56401Purpose of Disbursement  
PAYROLL

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 2 | 9 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1300.17

Transaction ID : SB17.I2670

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. ELORANTA, JOHN, , ,**Mailing Address 6485 KOSKI RD  
6485 KOSKI RDCity  
TOWERState  
MNZip Code  
55790Purpose of Disbursement  
PAYROLL

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 2 | 9 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2827.88

Transaction ID : SB17.I2669

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

9449.59

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 61 OF 78

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

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NAME OF COMMITTEE (In Full)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. JOHNSON, KELSEY, , ,**

Mailing Address 4206 TURNER RD

City  
DULUTHState  
MNZip Code  
55803Purpose of Disbursement  
PAYROLL

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 2 | 9 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2434.12

Transaction ID : SB17.I2673

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. KOETZLE, DESIREE, , ,**

Mailing Address 703 RIDGE DRIVE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
PAYROLL

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 2 | 9 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

461.75

Transaction ID : SB17.I2674

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. MILLER, KATLYNN, , ,**Mailing Address 260 IKOLA RD  
260 IKOLA RDCity  
ESKOState  
MNZip Code  
55733Purpose of Disbursement  
PAYROLL

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 2 | 9 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

887.50

Transaction ID : SB17.I2671

☒ Memo Item**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 62 OF 78

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

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NAME OF COMMITTEE (In Full)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. SCHULTZ, ISAAC, , ,**

Mailing Address 6871 APOLLO RD

City  
SWANVILLEState  
MNZip Code  
56382Purpose of Disbursement  
PAYROLL

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 2 | 9 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

257.00

Transaction ID : SB17.I2668

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. VOSBEEK, HAYDEN, , ,**

Mailing Address 4615 BLUEBILL LN NE

City  
BEMIDJIState  
MNZip Code  
56601Purpose of Disbursement  
PAYROLL

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 2 | 9 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1281.17

Transaction ID : SB17.I2672

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. GUSTO**Mailing Address 525 20TH ST  
531 20TH STCity  
SAN FRANCISCOState  
CAZip Code  
94107Purpose of Disbursement  
PAYROLL WAGES

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 2 | 9 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

3009.50

Transaction ID : SB17.I2642

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3009.50

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 63 OF 78

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. CROMBIE, LOUIS, , ,**

Mailing Address 12885 EXECUTIVE ACRES RD

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 29  |   | 2022    |

City  
BRAINERDState  
MNZip Code  
56401

FEC Identification Number

C

Purpose of Disbursement  
PAYROLL

001

Amount of Each Disbursement this Period

461.75

Transaction ID : SB17.I2677

☒ Memo Item

Candidate Name

Category/  
Type

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)

**B. ELORANTA, JOHN, , ,**Mailing Address 6485 KOSKI RD  
6485 KOSKI RD

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 29  |   | 2022    |

City  
TOWERState  
MNZip Code  
55790

FEC Identification Number

C

Purpose of Disbursement  
PAYROLL

001

Amount of Each Disbursement this Period

461.75

Transaction ID : SB17.I2676

☒ Memo Item

Candidate Name

Category/  
Type

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. JOHNSON, KELSEY, , ,**

Mailing Address 4206 TURNER RD

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 29  |   | 2022    |

City  
DULUTHState  
MNZip Code  
55803

FEC Identification Number

C

Purpose of Disbursement  
PAYROLL

001

Amount of Each Disbursement this Period

461.75

Transaction ID : SB17.I2680

☒ Memo Item

Candidate Name

Category/  
Type

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).....▶

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 64 OF 78

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. KOETZLE, DESIREE, , ,**

Mailing Address 703 RIDGE DRIVE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
PAYROLL

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 2 | 9 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

461.75

Transaction ID : SB17.I2681

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. MILLER, KATLYNN, , ,**Mailing Address 260 IKOLA RD  
260 IKOLA RDCity  
ESKOState  
MNZip Code  
55733Purpose of Disbursement  
PAYROLL

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 2 | 9 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

452.75

Transaction ID : SB17.I2678

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. SCHULTZ, ISAAC, , ,**

Mailing Address 6871 APOLLO RD

City  
SWANVILLEState  
MNZip Code  
56382Purpose of Disbursement  
PAYROLL

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 2 | 9 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

257.00

Transaction ID : SB17.I2675

☒ Memo Item**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 65 OF 78

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. VOSBEEK, HAYDEN, , ,**

Mailing Address 4615 BLUEBILL LN NE

City  
BEMIDJIState  
MNZip Code  
56601Purpose of Disbursement  
PAYROLL

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 29  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

452.75

Transaction ID : SB17.I2679

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. GUSTO**Mailing Address 525 20TH ST  
531 20TH STCity  
SAN FRANCISCOState  
CAZip Code  
94107Purpose of Disbursement  
PAYROLL WAGESCategory/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 02  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.I2643

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AFFIRMATIVE SOLUTIONS**

Mailing Address 20626 DYERS PASS

City  
FARMINGTONState  
MNZip Code  
55024Purpose of Disbursement  
CAMPAIGN CONSULTING

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 02  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.I2682

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5000.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 66 OF 78

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. GUSTO**Mailing Address 525 20TH ST  
531 20TH STCity  
SAN FRANCISCOState  
CAZip Code  
94107Purpose of Disbursement  
PAYROLL WAGES

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:

Category/  
Type

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 23  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

2968.02

Transaction ID : SB17.I2644

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AFFIRMATIVE SOLUTIONS**

Mailing Address 20626 DYERS PASS

City  
FARMINGTONState  
MNZip Code  
55024Purpose of Disbursement  
CAMPAIGN CONSULTING

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:

Category/  
Type

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 23  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

2968.02

Transaction ID : SB17.I2683

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. GUSTO**Mailing Address 525 20TH ST  
531 20TH STCity  
SAN FRANCISCOState  
CAZip Code  
94107Purpose of Disbursement  
PAYROLL WAGES

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:

Category/  
Type

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 27  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.I2645

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4968.02

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 67 OF 78

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

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NAME OF COMMITTEE (In Full)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. GUSTO**Mailing Address 525 20TH ST  
531 20TH STCity  
SAN FRANCISCOState  
CAZip Code  
94107Purpose of Disbursement  
PAYROLL FEES

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 0 | 2 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

87.00

Transaction ID : SB17.I2655

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GUSTO**Mailing Address 525 20TH ST  
531 20TH STCity  
SAN FRANCISCOState  
CAZip Code  
94107Purpose of Disbursement  
PAYROLL TAXES

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 2 | 9 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2969.67

Transaction ID : SB17.I2656

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. GUSTO**Mailing Address 525 20TH ST  
531 20TH STCity  
SAN FRANCISCOState  
CAZip Code  
94107Purpose of Disbursement  
PAYROLL TAXES

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 2 | 9 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

771.25

Transaction ID : SB17.I2657

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3827.92

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 68 OF 78

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. HOLIDAY STATIONSTORE**

Mailing Address 4567 AMERICAN BLVD W

City  
BLOOMINGTONState  
MNZip Code  
55437Purpose of Disbursement  
TRAVEL

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 12  | 15  | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : SB17.I2775

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. HOUSE GIFT SHOP**

Mailing Address 1600 PENNSYLVANIA AVE NW

City  
WASHINGTONState  
DCZip Code  
20500Purpose of Disbursement  
OFFICE SUPPLIES

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 11  | 30  | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

93.70

Transaction ID : SB17.I2776

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. IMAGIMEDIA & DESIGN LLC**

Mailing Address 20730 BEAVER DRV

City  
CROSBYState  
MNZip Code  
56441Purpose of Disbursement  
PRINTING

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 12  | 05  | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

721.88

Transaction ID : SB17.I2777

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

840.58

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 69 OF 78

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. JANET WICK PROPERTIES**

Mailing Address 1405 MILLER TRUNK HIGHWAY, STE 600

City  
DULUTHState  
MNZip Code  
55811Purpose of Disbursement  
RENT

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 30  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.I2778

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. JANET WICK PROPERTIES**

Mailing Address 1405 MILLER TRUNK HIGHWAY, STE 600

City  
DULUTHState  
MNZip Code  
55811Purpose of Disbursement  
RENT

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 21  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.I2779

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. JWP C/O CMRA,LLC**

Mailing Address 1405 MILLER TRUNK HIGHWAY, STE 600

City  
DULUTHState  
MNZip Code  
55811Purpose of Disbursement  
RENT

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 05  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.I2780

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3000.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 70 OF 78

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. JWP C/O CMRA,LLC**

Mailing Address 1405 MILLER TRUNK HIGHWAY, STE 600

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 12  | 27  | 2022    |

City  
DULUTHState  
MNZip Code  
55811Purpose of Disbursement  
RENT

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.I2781

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. K2 & CO.**

Mailing Address 1117 MACEY WAY

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 12  | 08  | 2022    |

City  
STILLWATERState  
MNZip Code  
55082Purpose of Disbursement  
CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

8538.90

Transaction ID : SB17.I2782

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. KITCHI GAMMI CLUB**Mailing Address 831 E SUPERIOR ST  
831 E SUPERIOR ST

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 12  | 09  | 2022    |

City  
DULUTHState  
MNZip Code  
55802Purpose of Disbursement  
EVENT

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

1032.60

Transaction ID : SB17.I2783

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

10571.50

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 71 OF 78

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. KWIK TRIP**

Mailing Address 1626 OAK STREET

City  
LA CROSSEState  
WIZip Code  
54602Purpose of Disbursement  
TRAVEL

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 09  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

65.00

Transaction ID : SB17.I2784

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. KWIK TRIP**

Mailing Address 1626 OAK STREET

City  
LA CROSSEState  
WIZip Code  
54602Purpose of Disbursement  
TRAVEL

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 12  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : SB17.I2785

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. LAMAR COMPANIES**

Mailing Address P.O. BOX 746966

City  
ATLANTAState  
GAZip Code  
30374Purpose of Disbursement  
PRINT ADS

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 30  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

3910.00

Transaction ID : SB17.I2786

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3985.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 72 OF 78

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. MSP AIRPORT**

Mailing Address TERMINAL 1 4300 GLUMACK DR.

City  
ST. PAULState  
MNZip Code  
55111Purpose of Disbursement  
TRAVEL

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 2 | 9 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

74.06

Transaction ID : SB17.I2788

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PINNACLE DIRECT**Mailing Address 15260 113TH STREET N  
15260 113TH STREET NCity  
STILLWATERState  
MNZip Code  
55082Purpose of Disbursement  
DIRECT MAIL

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 0 | 6 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2239.74

Transaction ID : SB17.I2789

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. PINNACLE DIRECT**Mailing Address 15260 113TH STREET N  
15260 113TH STREET NCity  
STILLWATERState  
MNZip Code  
55082Purpose of Disbursement  
DIRECT MAIL

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 0 | 6 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

5734.60

Transaction ID : SB17.I2790

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

8048.40

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 73 OF 78

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. PINNACLE DIRECT**Mailing Address 15260 113TH STREET N  
15260 113TH STREET NCity  
STILLWATERState  
MNZip Code  
55082Purpose of Disbursement  
DIRECT MAIL

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 1 | 3 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

726.17

Transaction ID : SB17.I2791

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PINNACLE DIRECT**Mailing Address 15260 113TH STREET N  
15260 113TH STREET NCity  
STILLWATERState  
MNZip Code  
55082Purpose of Disbursement  
DIRECT MAIL

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 1 | 3 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1455.30

Transaction ID : SB17.I2792

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RAPIT PRINTING**Mailing Address 1415 1ST AVE NW  
1415 1ST AVENUE NWCity  
NEW BRIGHTONState  
MNZip Code  
55112Purpose of Disbursement  
PRINTING

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 0 | 5 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1710.39

Transaction ID : SB17.I2793

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3891.86

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 74 OF 78

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST #400

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TAXI

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 07  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

12.93

Transaction ID : SB17.I2648

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST #400

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TAXI

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 30  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

10.92

Transaction ID : SB17.I2794

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST #400

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TAXI

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 01  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : SB17.I2795

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

28.85

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 75 OF 78

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

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NAME OF COMMITTEE (In Full)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST #400

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TAXI

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 0 | 1 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

26.33

Transaction ID : SB17.I2796

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED**Mailing Address 1776 WILSON BLVD STE 530  
1776 WILSON BLVD STE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD PROCESSING

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 3 | 0 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

7.55

Transaction ID : SB17.I2649

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED**Mailing Address 1776 WILSON BLVD STE 530  
1776 WILSON BLVD STE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD PROCESSING

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 0 | 8 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

124.81

Transaction ID : SB17.I2650

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

158.69

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 76 OF 78

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

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NAME OF COMMITTEE (In Full)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. WINRED**Mailing Address 1776 WILSON BLVD STE 530  
1776 WILSON BLVD STE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD PROCESSING

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 1 | 5 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

5.36

Transaction ID : SB17.I2651

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED**Mailing Address 1776 WILSON BLVD STE 530  
1776 WILSON BLVD STE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD PROCESSING

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 2 | 2 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

18.56

Transaction ID : SB17.I2652

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED**Mailing Address 1776 WILSON BLVD STE 530  
1776 WILSON BLVD STE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD PROCESSING

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 2 | 9 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C

Amount of Each Disbursement this Period

51.09

Transaction ID : SB17.I2653

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

75.01

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 77 OF 78

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

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NAME OF COMMITTEE (In Full)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. WINRED**Mailing Address 1776 WILSON BLVD STE 530  
1776 WILSON BLVD STE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD PROCESSING

001

Candidate Name

Category/  
Type

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:

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 31 |   |   | 2022 |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

110.09

Transaction ID : SB17.I2654

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

110.09

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

99284.92

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 78 OF 78

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

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NAME OF COMMITTEE (In Full)

Pete Stauber for Congress

Full Name (Last, First, Middle Initial)

**A. GOLDSMITH, MICHAEL, , ,**

Mailing Address 26 ARBUTUS DR.

City  
DULUTHState  
MNZip Code  
55810Purpose of Disbursement  
REFUND OF CONTRIBUTION

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 02 |   |   | 2022 |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : SB20A.i2787

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

25.00

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

25.00