

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

South Dakota First

ADDRESS (number and street) ▼

PO Box 155

☐ Check if different than previously reported. (ACC)

Sioux Falls

SD

57101

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00430371

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)

## 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)
- ☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
(Non-Election Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)  
(Non-Election Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

- ☒ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

SD

5. Covering Period

M M M / D D D / Y Y Y Y Y Y

10

18

2012

through

M M M / D D D / Y Y Y Y Y Y

11

26

2012

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 John McIntyre

Signature of Treasurer

John McIntyre

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

01

30

2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

South Dakota First

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 10 18 2012

To:

 M M / D D / Y Y Y Y Y  
 11 26 2012

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, 2012                                                                           |                         | 151728.13                         |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....                                                        | 209577.23               |                                   |
| (c) Total Receipts (from Line 19) .....                                                                          | 9000.00                 | 307500.00                         |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | 218577.23               | 459228.13                         |
| 7. Total Disbursements (from Line 31) .....                                                                      | 14770.95                | 255421.85                         |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                        | 203806.28               | 203806.28                         |
| 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                    |                                   |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

South Dakota First

Report Covering the Period:

From:

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 18  |   | 2012    |

To:

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 26  |   | 2012    |

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

27500.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

0.00

27500.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

9000.00

275000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

9000.00

302500.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

5000.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

9000.00

307500.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

9000.00

307500.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements                                                                              | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:                                                                    |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....                                                                        | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....                                                                    | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....                                                 | 9770.95                       | 46421.85                          |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 9770.95                       | 46421.85                          |
| 22. Transfers to Affiliated/Other Party Committees.....                                        | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 5000.00                       | 105000.00                         |
| 24. Independent Expenditures (use Schedule E) .....                                            | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....                   | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....                                                                  | 0.00                          | 0.00                              |
| 27. Loans Made.....                                                                            | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:                                                               |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 0.00                              |
| (b) Political Party Committees .....                                                           | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....                                             | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements .....                                                                  | 0.00                          | 104000.00                         |
| 30. Federal Election Activity (2 U.S.C. §431(20))                                              |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....                                                                        | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....                                                                        | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....           | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 14770.95                      | 255421.85                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 14770.95                      | 255421.85                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures                                          | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|----------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....          | 9000.00                       | 302500.00                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                              | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....      | 9000.00                       | 302500.00                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... ► | 9770.95                       | 46421.85                          |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                   | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) ..... ►              | 9770.95                       | 46421.85                          |

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 12  
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

South Dakota First

Full Name (Last, First, Middle Initial)

### A. RGM Advisors PAC

Mailing Address 610 S Boulevard

City State Zip Code  
Tampa FL 33606

FEC ID number of contributing  
federal political committee.

C C00500363

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 13 2012

Transaction ID : C4615024

Amount of Each Receipt this Period

4000.00

Full Name (Last, First, Middle Initial)

### B. TCF FINANCIAL CORPORATION PAC

Mailing Address 801 MARQUETTE AVENUE

City State Zip Code  
MINNEAPOLIS MN 55402

FEC ID number of contributing  
federal political committee.

C C00218263

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 13 2012

Transaction ID : C4615025

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

### C.

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) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

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

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

9000.00

9000.00

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

PAGE 7 OF 12

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

South Dakota First

Full Name (Last, First, Middle Initial)

**A. Internal Revenue Service**

Mailing Address General Delivery

|       |       |            |
|-------|-------|------------|
| City  | State | Zip Code   |
| Ogden | UT    | 84201-0001 |

Purpose of Disbursement  
Payroll Taxes

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|                                                                   |
|-------------------------------------------------------------------|
| Disbursement For: 2012                                            |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input checked="" type="checkbox"/> Other (specify) ▼             |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 05    | / | 2012        |

Transaction ID : D491922

Amount of Each Disbursement this Period

|         |
|---------|
| 1681.92 |
|---------|

Full Name (Last, First, Middle Initial)

**B. Carmyn Egge**

Mailing Address 3905 South Birchwood Avenue

|             |       |          |
|-------------|-------|----------|
| City        | State | Zip Code |
| Sioux Falls | SD    | 57103    |

Purpose of Disbursement  
Salary

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|                                                                   |
|-------------------------------------------------------------------|
| Disbursement For: 2012                                            |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input checked="" type="checkbox"/> Other (specify) ▼             |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 01    | / | 2012        |

Transaction ID : D486185

Amount of Each Disbursement this Period

|        |
|--------|
| 113.22 |
|--------|

Full Name (Last, First, Middle Initial)

**C. Larry Thompson**

Mailing Address 175 Shadow Lane

|             |       |          |
|-------------|-------|----------|
| City        | State | Zip Code |
| Martinsburg | WV    | 25403    |

Purpose of Disbursement  
Salary

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|                                                                   |
|-------------------------------------------------------------------|
| Disbursement For: 2012                                            |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input checked="" type="checkbox"/> Other (specify) ▼             |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 01    | / | 2012        |

Transaction ID : D486186

Amount of Each Disbursement this Period

|         |
|---------|
| 2404.50 |
|---------|

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

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

|         |
|---------|
| 4199.64 |
|---------|

|  |
|--|
|  |
|--|

|                                     |     |                          |     |                          |     |                          |     |                          |    |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22  | <input type="checkbox"/> | 23  | <input type="checkbox"/> | 24  | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26  |
| <input type="checkbox"/>            | 27  | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

## South Dakota First

### A. Midco Communications

Date of Disbursement

Transaction ID : D491887

Amount of Each Disbursement this Period

53.47

Disbursement For: 2012

☐ Primary ☐ General

☒ Other (specify) ▼

Full Name (Last, First, Middle Initial)

## B. Midco Communications

Mailing Address 410 S Phillips Ave

Date of Disbursement

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Sioux Falls | SD    | 57104-6824 |

Transaction ID : D491888

| Purpose of Disbursement | Telephone |
|-------------------------|-----------|
|                         |           |

Amount of Each Disbursement this Period

| Age Group | Percentage |
|-----------|------------|
| 18-24     | ~10%       |
| 25-34     | ~15%       |
| 35-44     | ~20%       |
| 45-54     | ~25%       |
| 55-64     | ~30%       |
| 65-74     | 105.70     |
| 75-84     | ~10%       |
| 85+       | ~5%        |

|                |                          |           |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House     |
|                | <input type="checkbox"/> | Senate    |
|                | <input type="checkbox"/> | President |

Disbursement For: 2012

☐ Primary ☐ General

☒ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)

### C. VISA Card

Date of Disbursement

Mailing Address PO Box 2365

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
| Brea | CA    | 92822    |

Transaction ID : D491894

| Purpose of Disbursement | Credit Card Payment |
|-------------------------|---------------------|
|                         |                     |

Amount of Each Disbursement this Period

5412.14

|                |                          |           |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House     |
|                | <input type="checkbox"/> | Senate    |
|                | <input type="checkbox"/> | President |

Disbursement For: 2012

☐ Primary ☐ General

☒ Other (specify) ▼

State:  District:

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

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

5571.31

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

PAGE 9 OF 12

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

South Dakota First

Full Name (Last, First, Middle Initial)

**A. Delta Air**

Mailing Address Atlanta International Airport

City Atlanta    State GA    Zip Code 30320

Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary    ☐ General  
☒ Other (specify) ▼

State:    District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 02 / 2012

Transaction ID : D491901

Amount of Each Disbursement this Period

345.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Loews Hotels The Regency**

Mailing Address 540 Park Avenue

City New York    State NY    Zip Code 10021

Purpose of Disbursement  
Fundraising Expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary    ☐ General  
☒ Other (specify) ▼

State:    District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 02 / 2012

Transaction ID : D491902

Amount of Each Disbursement this Period

1587.79

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Amtrak**

Mailing Address 600 Massachusetts Ave Ne

City Washington    State DC    Zip Code 20002-6006

Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary    ☐ General  
☒ Other (specify) ▼

State:    District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 02 / 2012

Transaction ID : D491912

Amount of Each Disbursement this Period

460.00

[MEMO ITEM]

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

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

0.00

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

PAGE 10 OF 12

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

South Dakota First

Full Name (Last, First, Middle Initial)

**A. Hotels.Com**

Mailing Address 8140 Walnut Hill Ln

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| Dallas | TX    | 75231-4350 |

Purpose of Disbursement  
Travel

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|                                                                   |
|-------------------------------------------------------------------|
| Disbursement For: 2012                                            |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input checked="" type="checkbox"/> Other (specify) ▼             |

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11    |   | 02    |   | 2012      |

Transaction ID : D491903

Amount of Each Disbursement this Period

|        |
|--------|
| 664.86 |
|--------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Amtrak**

Mailing Address 600 Massachusetts Ave Ne

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| Washington | DC    | 20002-6006 |

Purpose of Disbursement  
Travel

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|                                                                   |
|-------------------------------------------------------------------|
| Disbursement For: 2012                                            |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input checked="" type="checkbox"/> Other (specify) ▼             |

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11    |   | 02    |   | 2012      |

Transaction ID : D491913

Amount of Each Disbursement this Period

|         |
|---------|
| 1089.00 |
|---------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Amtrak**

Mailing Address 600 Massachusetts Ave Ne

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| Washington | DC    | 20002-6006 |

Purpose of Disbursement  
Travel

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|                                                                   |
|-------------------------------------------------------------------|
| Disbursement For: 2012                                            |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input checked="" type="checkbox"/> Other (specify) ▼             |

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11    |   | 02    |   | 2012      |

Transaction ID : D491914

Amount of Each Disbursement this Period

|      |
|------|
| 6.00 |
|------|

[MEMO ITEM]

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

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

|      |
|------|
| 0.00 |
|------|

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|--|

|                                     |     |                          |     |                          |     |                          |     |                          |    |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22  | <input type="checkbox"/> | 23  | <input type="checkbox"/> | 24  | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26  |
| <input type="checkbox"/>            | 27  | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

## South Dakota First

### A. Corner Bakery

Mailing Address 50 Massachusetts Ave Ne

| City       | State | Zip Code   |
|------------|-------|------------|
| Washington | DC    | 20002-4214 |

| Purpose of Disbursement | Fundraising Expense |
|-------------------------|---------------------|
|                         |                     |

Candidate Name

|                |                          |           |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House     |
|                | <input type="checkbox"/> | Senate    |
|                | <input type="checkbox"/> | President |

Disbursement For: 2012

☐ Primary ☐ General

☒ Other (specify) ▼

Date of Disbursement

Transaction ID : D491896

Amount of Each Disbursement this Period

699.84

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

Mailing Address

| City | State | Zip Code |
|------|-------|----------|
|------|-------|----------|

### Purpose of Disbursement

| Candidate Name | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99  | 100 |
|----------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|-----|
| 1              | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |     |

|                |                          |           |
|----------------|--------------------------|-----------|
| 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) ▼ |                          |         |

Date of Disbursement

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

Mailing Address

| City | State | Zip Code |
|------|-------|----------|
|------|-------|----------|

### Purpose of Disbursement

Candidate Name

|                |                          |           |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House     |
|                | <input type="checkbox"/> | Senate    |
|                | <input type="checkbox"/> | President |

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

A diagram of a rectangular frame. It consists of a horizontal beam at the top and a horizontal beam at the bottom, connected by vertical supports. The top beam has several small rectangular protrusions along its length. The bottom beam has several small rectangular protrusions along its length, with some of them being larger and more prominent than others.

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

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

0.00

9770.95

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

PAGE 12 OF 12

|                              |                              |                                        |                              |                             |                              |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

South Dakota First

Full Name (Last, First, Middle Initial)

**A. MCCASKILL VICTORY FUND**

Mailing Address 208 MADISON AVE.

|                |       |          |
|----------------|-------|----------|
| City           | State | Zip Code |
| JEFFERSON CITY | MO    | 65101    |

Purpose of Disbursement  
Contribution

Candidate Name

|                |                                            |
|----------------|--------------------------------------------|
| Office Sought: | <input type="checkbox"/> House             |
|                | <input checked="" type="checkbox"/> Senate |
|                | <input type="checkbox"/> President         |

State: MO District:

|                                                                              |
|------------------------------------------------------------------------------|
| Disbursement For: 2012                                                       |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                                   |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 24    |   | 2012        |

Transaction ID : D491890

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|                                                                   |
|-------------------------------------------------------------------|
| Disbursement For:                                                 |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                        |

Date of Disbursement

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

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|                                                                   |
|-------------------------------------------------------------------|
| Disbursement For:                                                 |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                        |

Date of Disbursement

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

Amount of Each Disbursement this Period

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|--|
|  |
|--|

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

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

|         |
|---------|
| 5000.00 |
|---------|

|         |
|---------|
| 5000.00 |
|---------|