

# 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

Friends of Stewart Mills, Inc.

ADDRESS (number and street) ▼

PO Box 1039

Check if different than previously reported. (ACC)

Brainerd

MN

56401

2. **FEC IDENTIFICATION NUMBER** ▼

C C00546739

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

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  /  /  in the State of

(c) 30-Day **POST**-Election Report for the:

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

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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 Diane Johnson

Signature of Treasurer Diane Johnson

*[Electronically Filed]*

Date

/  /

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								
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**FEC FORM 3**  
(Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Friends of Stewart Mills, Inc.**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	204563.98	448390.28
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	204563.98	448390.28
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	131916.76	141300.53
(b) Total Offsets to Operating Expenditures (from Line 14).....	200.00	200.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	131716.76	141100.53
8. Cash on Hand at Close of Reporting Period (from Line 27).....	306289.75	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Friends of Stewart Mills, Inc.**

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	122958.72	341087.26
(ii) Unitemized.....	72105.26	91303.02
(iii) TOTAL of contributions from individuals ▶	195063.98	432390.28
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	9500.00	16000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	204563.98	448390.28
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.) .....	200.00	200.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	500.00	500.00
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	205263.98	449090.28

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	131916.76	141300.53
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	1500.00	1500.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	133416.76	142800.53

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	234442.53
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	205263.98
25. SUBTOTAL (add Line 23 and Line 24).....	439706.51
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	133416.76
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	306289.75

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>LEE ANDERSON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 01 / 2013	
Mailing Address 3054 GORDON DR		<b>Transaction ID : SA11.1198</b>	
City NAPLES	State FL	Zip Code 34102-7861	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00 CONTRIBUTION	
Name of Employer API GROUP, INC	Occupation OWNER/CHAIRMAN		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) <b>LEE ANDERSON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 01 / 2013	
Mailing Address 3054 GORDON DR		<b>Transaction ID : SA11.2557</b>	
City NAPLES	State FL	Zip Code 34102-7861	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00 CONTRIBUTION	
Name of Employer API GROUP, INC	Occupation OWNER/CHAIRMAN		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) <b>JAN BAX</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 08 / 2013	
Mailing Address N2227 BUTTERNUT RD		<b>Transaction ID : SA11.1493</b>	
City WAUPACA	State WI	Zip Code 54981-9741	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00 CONTRIBUTION	
Name of Employer JAN BAX, MD	Occupation MD		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5700.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. TOM BECKEN**

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 GEMSTONE Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 16 / 2013

**Transaction ID : SA11.2133**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**GREG BENEDICT**

Mailing Address 2652 COUNTY ROAD 120 NE

City ALEXANDRIA State MN Zip Code 56308-7920

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

Name of Employer ROSEN DIVERSIFIED Occupation VICE PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 19 / 2013

**Transaction ID : SA11.2349**

Amount of Each Receipt this Period  
2600.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**GREG BENEDICT**

Mailing Address 2652 COUNTY ROAD 120 NE

City ALEXANDRIA State MN Zip Code 56308-7920

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

Name of Employer ROSEN DIVERSIFIED Occupation VICE PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 19 / 2013

**Transaction ID : SA11.2468**

Amount of Each Receipt this Period  
2600.00  
CONTRIBUTION

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

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

5700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**JOSEPH BERG**

Mailing Address 18998 GROUSE RD

City: LITTLE FALLS State: MN Zip Code: 56345-4078

FEC ID number of contributing federal political committee: C

Name of Employer: DJ PRODUCTS, INC. Occupation: VICE PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 10 / 30 / 2013

**Transaction ID : SA11.1146**

Amount of Each Receipt this Period: 500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**RENEE BIRMAN**

Mailing Address 1 PARK PLACE

City: CLOQUET State: MN Zip Code: 55720-1535

FEC ID number of contributing federal political committee: C

Name of Employer: CLOQUET FORD CHRYSLER CENTER Occupation: OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 11 / 22 / 2013

**Transaction ID : SA11.1982**

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ROBERT BLAIN**

Mailing Address 4358 N RIVERS EDGE DR

City: JANESVILLE State: WI Zip Code: 53548-8959

FEC ID number of contributing federal political committee: C

Name of Employer: BLAINS FARM AND FLEET Occupation: OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 12 / 02 / 2013

**Transaction ID : SA11.1938**

Amount of Each Receipt this Period: 500.00

CONTRIBUTION

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**FREDERIC BURSCH**

Mailing Address 7853 COUNTY RD 11 NE

City ALEXANDRIA State MN Zip Code 56308-8095

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

Name of Employer BURSCH TRAVEL Occupation BUSINESS OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 06 / 2013

**Transaction ID : SA11.1443**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JAMES CAMPION**

Mailing Address 3918 STATE HIGHWAY 55 SE

City BUFFALO State MN Zip Code 55313-5228

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

Name of Employer ZIRC CO Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 01 / 2013

**Transaction ID : SA11.1171**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**STEPHEN CLOUGH**

Mailing Address 5972 OJIBWA RD

City BRAINERD State MN Zip Code 56401-7216

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

Name of Employer MINI KIX INC Occupation BUSINESS OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 06 / 2013

**Transaction ID : SA11.2053**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

1250.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>MR. REGINAL C. CLOW</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address 12521 BLUE BILL LN		<b>Transaction ID : SA11.2139</b>
City MERRIFIELD	State MN	Zip Code 56465-4489
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period CONTRIBUTION 2000.00	
Name of Employer CLOW STAMPING CO	Occupation OWNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2250.00	

Full Name (Last, First, Middle Initial) <b>DOUGLAS COLEMAN JR.</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 14 / 2013
Mailing Address 140 S BROWN RD		<b>Transaction ID : SA11.1596</b>
City LONG LAKE	State MN	Zip Code 55356-9134
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period CONTRIBUTION 250.00	
Name of Employer DAIN RAUSCHER AND WESSELS	Occupation BANKER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>TIMOTHY J. CONROY</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2013
Mailing Address 964 GREEN GABLES RD		<b>Transaction ID : SA11.938</b>
City EAST GULL LAKE	State MN	Zip Code 56401-3169
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period CONTRIBUTION 1000.00	
Name of Employer OLYMPIC COMPANIES	Occupation CONSULTANT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3250.00
<b>TOTAL</b> 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 10 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>MR. JAMES R. COTE</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2013
Mailing Address 7440 SHANNON DR		<b>Transaction ID : SA11.2311</b>
City MINNEAPOLIS	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00 CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>JOHN COTTER</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 16 / 2013
Mailing Address 10918 YUKON AVE S		<b>Transaction ID : SA11.2113</b>
City BLOOMINGTON	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00 CONTRIBUTION
Name of Employer LARKIN HOFFMAN DALY & LINDGREN LTD	Occupation ATTORNEY	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>JOAN CUMMINS</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 25 / 2013
Mailing Address 18850 NORTHOME BLVD		<b>Transaction ID : SA11.1914</b>
City WAYZATA	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00 CONTRIBUTION
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3100.00
<b>TOTAL</b> 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 11 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**JOAN CUMMINS**

Mailing Address 18850 NORTHOME BLVD

City WAYZATA State MN Zip Code 55391-2610

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 25 / 2013**

**Transaction ID : SA11.2025**

Amount of Each Receipt this Period  
**2600.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT P. CUMMINS**

Mailing Address 18850 NORTHOME BLVD

City WAYZATA State MN Zip Code 55391-2610

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

Name of Employer **PRIMERA TECHNOLOGY** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 25 / 2013**

**Transaction ID : SA11.2026**

Amount of Each Receipt this Period  
**2600.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT P. CUMMINS**

Mailing Address 18850 NORTHOME BLVD

City WAYZATA State MN Zip Code 55391-2610

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

Name of Employer **PRIMERA TECHNOLOGY** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 25 / 2013**

**Transaction ID : SA11.2027**

Amount of Each Receipt this Period  
**2600.00**  
 CONTRIBUTION

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

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

**7800.00**

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

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

FOR LINE NUMBER: PAGE 12 OF 92  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. CORNELIUS CURRAN**

Mailing Address 9708 COUNTY RD U

City WAUSAU State WI Zip Code 54401-9759

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

Name of Employer TOMMY DOCK PRODUCTS Occupation OWNER

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **0.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**11 / 04 / 2013**

**Transaction ID : SA11.52**

Amount of Each Receipt this Period  
**-1000.00**

CONTRIBUTION

**[MEMO ITEM]  
CORRECTED TO REFLECT LLC CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**KEVIN DENS**

Mailing Address 2220 NORWAY PINE RD SW

City BRAINERD State MN Zip Code 56401-2042

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

Name of Employer SELF EMPLOYED Occupation DENTIST

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 31 / 2013**

**Transaction ID : SA11.2333**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MARKHAM DICKSON**

Mailing Address P.O. BOX 51367

City SHREVEPORT State LA Zip Code 71135-1367

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

Name of Employer MORRIS & DICKSON LLC Occupation MGT

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 09 / 2013**

**Transaction ID : SA11.2038**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

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

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

**1000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ROGER DONDELINGER**

Mailing Address P.O. BOX 323

City BRAINERD State MN Zip Code 56401-0323

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

Name of Employer SELF-EMPLOYED Occupation AUTO DEALER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 11 / 2013

**Transaction ID : SA11.718**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ELIZABETH DRISCOLL**

Mailing Address 357 SALEM CHURCH RD

City SAINT PAUL State MN Zip Code 55118-4720

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 06 / 2013

**Transaction ID : SA11.1449**

Amount of Each Receipt this Period  
 2000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JOHN DUROSS JR.**

Mailing Address 15480 HEMLOCK POINT RD

City CHAGRIN FALLS State OH Zip Code 44022-3836

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

Name of Employer MR HEATER CORP Occupation VICE CHAIRMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 22 / 2013

**Transaction ID : SA11.1853**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**JAMES DUVAL**

Mailing Address 10825 FALLING WATER LN, UNIT D

City SAINT PAUL State MN Zip Code 55129-5275

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

Name of Employer METRO CONNECTIONS CONFERE Occupation BRANCH MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 01 / 2013

**Transaction ID : SA11.1254**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**RONALD EIBENSTEINER**

Mailing Address 4849 MORGAN AVE S

City MINNEAPOLIS State MN Zip Code 55419-5249

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

Name of Employer WYNCREST CAPITAL Occupation VENTURE CAPITAL

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.2430**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOSEPH B. ELDER**

Mailing Address 6328 MILDRED AVE

City EDINA State MN Zip Code 55439-1448

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

Name of Employer SINGLY PLY SYSTEMS INC Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.2319**

Amount of Each Receipt this Period  
 200.00

CONTRIBUTION

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

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

1700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOSEPH B. ELDER**

Mailing Address 6328 MILDRED AVE

City State Zip Code  
EDINA MN 55439-1448

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SINGLY PLY SYSTEMS INC PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.684**

Amount of Each Receipt this Period

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DAVE ELSENPETER**

Mailing Address 11014 PINE BEACH PENNINSULA RD

City State Zip Code  
BRAINERD MN 56401-2024

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
LAKES STATE BANK BANKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.2276**

Amount of Each Receipt this Period

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**STEVEN ENGLER**

Mailing Address 14600 ROCKSBOROUGH RD

City State Zip Code  
MINNETONKA MN 55345-3716

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RAMSEY ENGLER LTD BUSINESS PRINCIPAL

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.967**

Amount of Each Receipt this Period

CONTRIBUTION

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

**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 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN FOSS**

Mailing Address 11494 SILVER BAY RD

City BRAINERD State MN Zip Code 56401-5023

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 30 / 2013

**Transaction ID : SA11.1034**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. KEITH ALLEN FRANKLIN**

Mailing Address 13429 COUNTY RD 7 NW

City CLEARWATER State MN Zip Code 55320-2202

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

Name of Employer FRANKLIN OUTDOOR ADV CO Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 18 / 2013

**Transaction ID : SA11.1751**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MICHAEL FRONING**

Mailing Address 2002 MUIRFIELD WAY

City OLDSMAR State FL Zip Code 34677-1937

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

Name of Employer ADEME ARNO LLC Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 20 / 2013

**Transaction ID : SA11.2162**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

1750.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**PAUL GAHL**

Mailing Address 203 S 10TH ST, PO BOX 303

City State Zip Code  
HILBERT WI 54129-0303

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 30 / 2013

**Transaction ID : SA11.996**

Amount of Each Receipt this Period  
1500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JANE GEHL**

Mailing Address W4852 ESCARPMENT TERRACE

City State Zip Code  
SHERWOOD WI 54169-9761

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 25 / 2013

**Transaction ID : SA11.1915**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JANE B. GILBERTSON**

Mailing Address 3400 N EDGEWOOD DR

City State Zip Code  
JANESVILLE WI 53545-9021

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

Name of Employer Occupation  
BLAINS FARM AND FLEET AND BLAIN SUPPI EXECUTIVE VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 02 / 2013

**Transaction ID : SA11.1936**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**KEVIN GREEN**

Mailing Address 1782 FALLBROOKE LN

City HASTINGS State MN Zip Code 55033-4074

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

Name of Employer LAND VISTA Occupation BROKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.2454**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SALLY GUSTMAN**

Mailing Address 2797 FOX RUN

City APPLETON State WI Zip Code 54914-8729

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 12 / 2013

**Transaction ID : SA11.1551**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT HAGEMAN**

Mailing Address 2019 WESTRIDGE CT

City BUFFALO State MN Zip Code 55313-1994

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

Name of Employer J&B GROUP INC Occupation MGMT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 10 / 2013

**Transaction ID : SA11.680**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**ALLEN HAIRL**

Mailing Address 5360 VALLEY WOOD DR

City INDEPENDENCE State OH Zip Code 44131-5242

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

Name of Employer MR. HEATER Occupation CEO/CHAIRMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 22 / 2013

**Transaction ID : SA11.1854**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MIKE HALRON**

Mailing Address 1391 FINCH LN

City GREEN BAY State WI Zip Code 54313-6401

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

Name of Employer HALRON LUBRICANTS INC Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 04 / 2013

**Transaction ID : SA11.1258**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**HAROLD HAMILTON**

Mailing Address 1142 - 97TH LN NW

City COON RAPIDS State MN Zip Code 55433-5494

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 20 / 2013

**Transaction ID : SA11.1797**

Amount of Each Receipt this Period  
 1500.00  
 CONTRIBUTION

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**KARL HANSON**

Mailing Address 2000 LOST HORSE RD

City MEDINA State MN Zip Code 55340-9756

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

Name of Employer 3M COMPANY Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.2231**

Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. MICHAEL R. HAYDEN**

Mailing Address 6704 PARKWOOD LN

City EDINA State MN Zip Code 55436-1736

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 04 / 2013

**Transaction ID : SA11.597**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. MICHAEL R. HAYDEN**

Mailing Address 6704 PARKWOOD LN

City EDINA State MN Zip Code 55436-1736

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 21 / 2013

**Transaction ID : SA11.963**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

1300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**LOUIS F. HILL**

Mailing Address 1315 RED FOX RD, STE 200

City ARDEN HILLS State MN Zip Code 55112-6977

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 30 / 2013

**Transaction ID : SA11.998**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PATRICK HIRSCH**

Mailing Address 8080 SCANDIA RD

City WACONIA State MN Zip Code 55387-9628

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

Name of Employer ISLAND VIEW ENTERTAINMENT Occupation SALES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 02 / 2013

**Transaction ID : SA11.816**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**KARIN HOUSLEY**

Mailing Address 2877 ITASCA AVE S

City LAKELAND State MN Zip Code 55043-9742

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

Name of Employer SELF EMPLOYED Occupation SMALL BUSINESS OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 14 / 2013

**Transaction ID : SA11.1675**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

1250.00

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

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

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

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**PAMELA HOYT**

Mailing Address **4970 ROSEWOOD LN N**

City **MINNEAPOLIS** State **MN** Zip Code **55442-2098**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**11 / 06 / 2013**

**Transaction ID : SA11.1442**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**KAREN H. HUBBARD**

Mailing Address **2289 RIVER RD S**

City **LAKELAND** State **MN** Zip Code **55043-9775**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**10 / 30 / 2013**

**Transaction ID : SA11.1161**

Amount of Each Receipt this Period  
**2600.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**KAREN H. HUBBARD**

Mailing Address **2289 RIVER RD S**

City **LAKELAND** State **MN** Zip Code **55043-9775**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**10 / 30 / 2013**

**Transaction ID : SA11.985**

Amount of Each Receipt this Period  
**2600.00**  
 CONTRIBUTION

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

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

**5450.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**STANLEY S. HUBBARD**

Mailing Address 3415 UNIVERSITY AVE

City SAINT PAUL State MN Zip Code 55114-1019

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

Name of Employer HUBBARD BROADCASTING, INC Occupation CHAIRMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 30 / 2013

**Transaction ID : SA11.1162**

Amount of Each Receipt this Period  
2600.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**STANLEY S. HUBBARD**

Mailing Address 3415 UNIVERSITY AVE

City SAINT PAUL State MN Zip Code 55114-1019

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

Name of Employer HUBBARD BROADCASTING, INC Occupation CHAIRMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 30 / 2013

**Transaction ID : SA11.986**

Amount of Each Receipt this Period  
2600.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MS. VIRGINIA A. HUBBARD**

Mailing Address 303 WOODLAWN AVE

City SAINT PAUL State MN Zip Code 55105-1239

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

Name of Employer HUBBARD RADIO Occupation CHAIR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 02 / 2013

**Transaction ID : SA11.634**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

6200.00

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

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

FOR LINE NUMBER: PAGE 24 OF 92  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**MICHAEL JACKMAN**

Mailing Address **545 BROADWAY AVE N**

City **WAYZATA** State **MN** Zip Code **55391-1101**

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

Name of Employer **LARKIN HOFFMAN** Occupation **LAWYER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 01 / 2013**

**Transaction ID : SA11.1243**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**IRWIN JACOBS**

Mailing Address **1700 SHORELINE DR**

City **WAYZATA** State **MN** Zip Code **55391-9770**

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

Name of Employer **SELF-EMPLOYED** Occupation **BUSINESS OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 04 / 2013**

**Transaction ID : SA11.824**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. MARK D. JENSEN**

Mailing Address **10484 MAPLE VALLEY DR**

City **MAPLE GROVE** State **MN** Zip Code **55369-3739**

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

Name of Employer **MARKS LAWN SERVICE INC** Occupation **OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 18 / 2013**

**Transaction ID : SA11.785**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

4000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**CHRISTOPHER KAUFFMAN**

Mailing Address 10660 PRAIRIE LN

City HANOVER State MN Zip Code 55341-4066

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

Name of Employer K-MFG Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.2250**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ROBIN KELLEHER**

Mailing Address 800 BLUEBILL BAY RD

City BURNSVILLE State MN Zip Code 55306-5150

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

Name of Employer ATTORNEY Occupation SEATON, PETERS, & REUNEW

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2013

**Transaction ID : SA11.1313**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MARTIN N. KELLOGG**

Mailing Address 339 MOUNT CURVE BLVD

City SAINT PAUL State MN Zip Code 55105-1217

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2013

**Transaction ID : SA11.895**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT E. KEPPEL**

Mailing Address 5045 PARK TER

City State Zip Code  
EDINA MN 55436-1098

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 14 / 2013

**Transaction ID : SA11.1629**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT E. KEPPEL**

Mailing Address 5045 PARK TER

City State Zip Code  
EDINA MN 55436-1098

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 02 / 2013

**Transaction ID : SA11.632**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOHN KINKEAD**

Mailing Address 693 MONTCALM PL

City State Zip Code  
SAINT PAUL MN 55116-1745

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

Name of Employer Occupation  
TUTFCO MANUFACTURING

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 01 / 2013

**Transaction ID : SA11.1235**

Amount of Each Receipt this Period  
300.00  
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 Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOHN KINKEAD**

Mailing Address 693 MONTCALM PL

City SAINT PAUL State MN Zip Code 55116-1745

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

Name of Employer TUTFCO Occupation MANUFACTURING

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 18 / 2013

**Transaction ID : SA11.780**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JEFFREY KLINGBEIL**

Mailing Address W5803 FIRELANE 12

City MENASHA State WI Zip Code 54952-9625

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

Name of Employer FOX VALLEY SURGICAL Occupation SURGEON

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 30 / 2013

**Transaction ID : SA11.997**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MRS. LORRI R. KNEELAND**

Mailing Address 7708 AARHUS RD

City BRAINERD State MN Zip Code 56401-2455

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 02 / 2013

**Transaction ID : SA11.617**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

1600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**STEVEN KNUTH**

Mailing Address **887 HIGHLANDER TRL**

City **HUDSON** State **WI** Zip Code **54016-7970**

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

Name of Employer **PUBLIC AFFAIRS COMPANY** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 20 / 2013**

**Transaction ID : SA11.1798**

Amount of Each Receipt this Period  
**2600.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**KEITH KOSTUCH**

Mailing Address **4511 LAKEVIEW DR**

City **EDINA** State **MN** Zip Code **55424-1517**

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

Name of Employer **SELF EMPLOYED** Occupation **CONSULTANT/INVESTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 20 / 2013**

**Transaction ID : SA11.2351**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. GARRETT J. KURILLA**

Mailing Address **P.O. BOX 839**

City **NISSWA** State **MN** Zip Code **56468-0839**

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

Name of Employer **KURILLA REAL ESTATE** Occupation **REALTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**700.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 31 / 2013**

**Transaction ID : SA11.2317**

Amount of Each Receipt this Period  
**200.00**  
 CONTRIBUTION

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

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

**3050.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. MARIE A. LANDSBURG**

Mailing Address 2472 MAPLE DR SW

City NISSWA State MN Zip Code 56468-2015

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

Name of Employer LANDBURG LANDSCAPE Occupation BUSINESS OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 25 / 2013

**Transaction ID : SA11.1967**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**WENDY LEINES**

Mailing Address P.O. BOX 353

City MEDINA State MN Zip Code 55357-0353

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 12 / 2013

**Transaction ID : SA11.1553**

Amount of Each Receipt this Period  
 2600.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**KEN LEVASSEUR**

Mailing Address 48646 - 277TH AVE

City STAPLES State MN Zip Code 56479-4052

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 06 / 2013

**Transaction ID : SA11.1435**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

3100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**KEN LEVASSEUR**

Mailing Address **48646 - 277TH AVE**

City **STAPLES** State **MN** Zip Code **56479-4052**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 31 / 2013**

**Transaction ID : SA11.2187**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**B. JOHN LINDAHL JR.**

Mailing Address **P.O. BOX 26**

City **CRYSTAL BAY** State **MN** Zip Code **55323-0026**

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

Name of Employer **SELF EMPLOYED** Occupation **PRIVATE INVESTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 12 / 2013**

**Transaction ID : SA11.1550**

Amount of Each Receipt this Period  
**2600.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**PHILIP LINDAU JR.**

Mailing Address **2825 MEDICINE RIDGE RD**

City **PLYMOUTH** State **MN** Zip Code **55441-3259**

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

Name of Employer **COMMODITY SPECIALISTS** Occupation **PARTNER/MANAGER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 08 / 2013**

**Transaction ID : SA11.1492**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

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

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

**5600.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**JORIE LEE LINDNER**

Mailing Address 9106 HUNTERS LN

City PEQUOT LAKES State MN Zip Code 56472-3387

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

Name of Employer LINDNER MEDIA PRODUCTIONS Occupation TELEVISION

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 15 / 2013

**Transaction ID : SA11.744**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**THOMAS LOWE**

Mailing Address 2630 W LAFAYETTE RD

City EXCELSIOR State MN Zip Code 55331-9417

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 06 / 2013

**Transaction ID : SA11.1410**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**RANDY LUTH**

Mailing Address 10945 - 143RD AVE SE

City BECKER State MN Zip Code 55308-4516

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 22 / 2013

**Transaction ID : SA11.1975**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**WHITNEY MACMILLAN**

Mailing Address **P.O. BOX 2187**

City **MINNEAPOLIS** State **MN** Zip Code **55402-0187**

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

Name of Employer **CARGILL** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**11 / 12 / 2013**

**Transaction ID : SA11.1581**

Amount of Each Receipt this Period  
**2000.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**WHITNEY MACMILLAN JR.**

Mailing Address **P.O. BOX 5628, DEPT 28**

City **MINNEAPOLIS** State **MN** Zip Code **55440-5628**

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

Name of Employer **CARGILL** Occupation **CEO-RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**11 / 08 / 2013**

**Transaction ID : SA11.1474**

Amount of Each Receipt this Period  
**2000.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JAMES E. MADIGAN**

Mailing Address **2627 NICOLET DR**

City **GREEN BAY** State **WI** Zip Code **54311-7221**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**10 / 23 / 2013**

**Transaction ID : SA11.893**

Amount of Each Receipt this Period  
**275.00**  
 CONTRIBUTION

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

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

**4275.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**PATTI L. MCFARLAND**

Mailing Address **P.O. BOX 563**

City **BRAINERD** State **MN** Zip Code **56401-0563**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 01 / 2013**

**Transaction ID : SA11.1185**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**HARRY MCNEELY JR.**

Mailing Address **6 EAGLE RIDGE RD**

City **SAINT PAUL** State **MN** Zip Code **55127-6408**

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

Name of Employer **MCNEELY FOUNDATION** Occupation **LEADERSHIP**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 14 / 2013**

**Transaction ID : SA11.1640**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. ALVIN E. MCQUINN**

Mailing Address **1551 GULF SHORE BLVD S**

City **NAPLES** State **FL** Zip Code **34102-7454**

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

Name of Employer **SELF-EMPLOYED** Occupation **INVESTMENTS MANAGER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 25 / 2013**

**Transaction ID : SA11.1964**

Amount of Each Receipt this Period  
**2600.00**  
 CONTRIBUTION

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

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

**3100.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>LISA MEETZ</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2013	
Mailing Address 7158 LAKESHORE RD		<b>Transaction ID : SA11.2241</b>	
City WINNECONNE	State WI	Zip Code 54986-9565	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2500.00	
Name of Employer SUBURBAN ELECTRIC	Occupation DIVISION MANAGER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

Full Name (Last, First, Middle Initial) <b>ANDREW MILLS</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 18 / 2013	
Mailing Address 2915 SOMERSET LANE		<b>Transaction ID : SA11.1849</b>	
City ORONO	State MN	Zip Code 55356-9681	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 120.00	
Name of Employer MILLS SUPPLY COMPANY	Occupation OWNERSHIP/MANAGEMENT/OPERATIONS		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 240.00		

Full Name (Last, First, Middle Initial) <b>ANDREW MILLS</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 18 / 2013	
Mailing Address 2915 SOMERSET LANE		<b>Transaction ID : SA11.2336</b>	
City ORONO	State MN	Zip Code 55356-9681	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 120.00	
Name of Employer MILLS SUPPLY COMPANY	Occupation OWNERSHIP/MANAGEMENT/OPERATIONS		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 240.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2740.00
<b>TOTAL</b> 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 35 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. CRAIG A. MURPHY**

Mailing Address 13440 GULL CT

City State Zip Code  
APPLE VALLEY MN 55124-7374

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

Name of Employer Occupation  
MCGLADRY LLP CPA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 21 / 2013

**Transaction ID : SA11.843**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. KENNY NELSON**

Mailing Address 219 RIVER VIEW RD

City State Zip Code  
OTTERTAIL MN 56571-7018

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

Name of Employer Occupation  
KLN FAMILY BRANDS PRESIDENT/CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 21 / 2013

**Transaction ID : SA11.844**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ROGER NELSON**

Mailing Address 53329 BARNES SPRING RD

City State Zip Code  
HINCKLEY MN 55037-7403

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

Name of Employer Occupation  
SELF EMPLOYED FARMER/RANCHER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 27 / 2013

**Transaction ID : SA11.2379**

Amount of Each Receipt this Period  
 2600.00  
 CONTRIBUTION

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

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

3600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**DAN NICCUM**

Mailing Address 15907 OLD STONEBRIDGE TRAIL

City BRAINERD State MN Zip Code 56401

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

Name of Employer RANGE INC. Occupation OWNER

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date **2143.72**

Date of Receipt **12 / 31 / 2013**

**Transaction ID : KML3**

Amount of Each Receipt this Period **2143.72**

IN-KIND CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DAYLE NOLAN**

Mailing Address 11834 BREN RD

City HOPKINS State MN Zip Code 55343-9464

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

Name of Employer LARKIN HOFFMAN ATTORNEYS Occupation ATTORNEY

Receipt For: 2014  Primary  General  Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt **12 / 16 / 2013**

**Transaction ID : SA11.2109**

Amount of Each Receipt this Period **2000.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**BRADLEY NORDLOF**

Mailing Address 963 DRIFTWOOD CT

City BELVIDERE State IL Zip Code 61008-8753

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

Name of Employer RAPID AIR CORP Occupation VP

Receipt For: 2014  Primary  General  Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **12 / 31 / 2013**

**Transaction ID : SA11.2238**

Amount of Each Receipt this Period **1000.00**

CONTRIBUTION

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

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

**5143.72**

**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 37 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>NEWMAN OLSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 05 / 2013
Mailing Address P.O. BOX C		<b>Transaction ID : SA11.2078</b>
City OSAKIS	State MN	Zip Code 56360-0603
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00 CONTRIBUTION	
Name of Employer 1ST NATIONAL BANK	Occupation BANKER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>MR. DONALD G. OREN</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2013
Mailing Address 3105 SANDY HOOK DR		<b>Transaction ID : SA11.2431</b>
City ROSEVILLE	State MN	Zip Code 55113-2128
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 700.00 CONTRIBUTION	
Name of Employer DART TRANSIT COMPANY	Occupation CHAIRMAN	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>JERRY PAPENFUSS</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2013
Mailing Address P.O. BOX 767		<b>Transaction ID : SA11.2457</b>
City WINONA	State MN	Zip Code 55987-0767
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00 CONTRIBUTION	
Name of Employer KAGE MC	Occupation EXECUTIVE	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2950.00
<b>TOTAL</b> 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: PAGE 38 OF 92  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**STEPHEN PFLAUM**

Mailing Address 2725 DEERHILL RD

City State Zip Code  
LONG LAKE MN 55356-9536

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

Name of Employer Occupation  
LEOXARD, STREET, AND DEINARD ATTORNEY

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2013

**Transaction ID : SA11.1092**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**TIMOTHY POST**

Mailing Address 6455 CENTURY LANE

City State Zip Code  
PRIOR LAKE MN 55372-5107

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

Name of Employer Occupation  
REDLINE SALES & SERVICE INC. MANUFACTURER'S REPRESENTATIVE AGE

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2013

**Transaction ID : SA11.2382**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JAMES QUINN**

Mailing Address 1475 SKYLINE DR

City State Zip Code  
GOLDEN VALLEY MN 55422-4278

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

Name of Employer Occupation  
LARKIN HOFFMAN ATTORNEY

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 16 / 2013

**Transaction ID : SA11.2118**

Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

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

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

950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**THOMAS RAMSEY**

Mailing Address 1434 W CULLOM AVE

City CHICAGO State IL Zip Code 60613-1310

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

Name of Employer TOM M RAMSEY THE MAIN RESOURCE Occupation CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2013

**Transaction ID : SA11.894**

Amount of Each Receipt this Period  
 350.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**STEVEN ROBERTS**

Mailing Address 2051 SOMERO RD

City ELY State MN Zip Code 55731-8139

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

Name of Employer SELF EMPLOYED Occupation BUILDER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2013

**Transaction ID : SA11.1283**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. SCOTT SAMSON**

Mailing Address 23 BARN RD

City SPOFFORD State NH Zip Code 03462-4000

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

Name of Employer SAMSON MFG CORP Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2013

**Transaction ID : SA11.1934**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

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

3850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**REBECCA A. SANDS**

Mailing Address **9410 OAK BLUFF**

City **BRAINERD** State **MN** Zip Code **56401-6192**

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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 30 / 2013**

**Transaction ID : SA11.1015**

Amount of Each Receipt this Period  
**300.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**STEVE SCHEEL**

Mailing Address **3900 RIVER OAK CIRCLE**

City **MOORHEAD** State **MN** Zip Code **56560-5611**

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

Name of Employer **SCHEELS** Occupation **CEO**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 05 / 2013**

**Transaction ID : SA11.2055**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**WILLIAM SCHENDT**

Mailing Address **4028 PARK VIEW DR**

City **JANESVILLE** State **WI** Zip Code **53546-1778**

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

Name of Employer **BLAIN SUPPLY INC** Occupation **CFO SECRETARY/TREASURER BOARD OF**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 02 / 2013**

**Transaction ID : SA11.1939**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

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

**1550.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**DOLLY SCHNELL**

Mailing Address 2708 BRANCH ST

City State Zip Code  
DULUTH MN 55812-2335

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 12 / 2013

**Transaction ID : SA11.1564**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MAHLON SCHNEIDER**

Mailing Address 405 - 22ND ST NW

City State Zip Code  
AUSTIN MN 55912-1137

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 02 / 2013

**Transaction ID : SA11.1961**

Amount of Each Receipt this Period  
1600.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MAHLON SCHNEIDER**

Mailing Address 405 - 22ND ST NW

City State Zip Code  
AUSTIN MN 55912-1137

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 15 / 2013

**Transaction ID : SA11.746**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

2850.00

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

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

FOR LINE NUMBER: PAGE 42 OF 92  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DOUGLAS SEATON**

Mailing Address 4306 SUNNYSIDE RD

City State Zip Code  
EDINA MN 55424-1101

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

Name of Employer Occupation  
SEATON BECK & PETERS ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 31 2013

**Transaction ID : SA11.2558**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**LINDA SEAVER**

Mailing Address 30446 PUMPKIN HILL RD

City State Zip Code  
LESUEUR MN 56058-4469

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

Name of Employer Occupation  
SEAVER COMPANY PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 30 2013

**Transaction ID : SA11.995**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JEFFREY R. SELLECK**

Mailing Address 3305 REPUBLIC AVE

City State Zip Code  
MINNEAPOLIS MN 55426-4108

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

Name of Employer Occupation  
TALL SALES COMP SALES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 18 2013

**Transaction ID : SA11.1690**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

ATTRIBUTION TO PARTNERS REQUESTED

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

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

3250.00

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

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

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 43 OF 92

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**PERRY SHISEL**

Mailing Address 6937 ELMRO RD

City GREENLEAF State WI Zip Code 54126-9752

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

Name of Employer SUBURBAN ELECTRIC Occupation DIVISION MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.2240**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MIKE SILL**

Mailing Address 3660 NORTHOME ROAD

City DEEPHAVEN State MN Zip Code 55391-3021

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

Name of Employer ROAD MACHINERY & SUPPLIES CO. Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : SA11.2401**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CHARLES SPRADO**

Mailing Address 13434 N GRINDSTONE RD

City SANDSTONE State MN Zip Code 55072-2687

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 01 / 2013

**Transaction ID : SA11.1253**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

3250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**GEORGE STEIL JR.**

Mailing Address **728 THORNECREST CT**

City **JANESVILLE** State **WI** Zip Code **53546-2055**

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

Name of Employer **BRENNAN STEIL S.C.** Occupation **LAWYER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 02 / 2013**

**Transaction ID : SA11.1935**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. TOM TESKE**

Mailing Address **1802 EAGLE CT**

City **FARIBAULT** State **MN** Zip Code **55021-2835**

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

Name of Employer **TESKE MFG** Occupation **OWNER/PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 21 / 2013**

**Transaction ID : SA11.842**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. DAVID THIES**

Mailing Address **7250 LEWIS RIDGE PKWY, APT 206**

City **EDINA** State **MN** Zip Code **55439-1938**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 18 / 2013**

**Transaction ID : SA11.1752**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

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

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

**1350.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DAVID THIES**

Mailing Address 7250 LEWIS RIDGE PKWY, APT 206

City EDINA	State MN	Zip Code 55439-1938
---------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		10		2013

**Transaction ID : SA11.651**

Amount of Each Receipt this Period  

200.00
--------

 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CHRIS TIEDEMAN**

Mailing Address 3038 ASPEN LAKE DR NE

City BLAINE	State MN	Zip Code 55449-7517
----------------	-------------	------------------------

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

Name of Employer SELF EMPLOYED	Occupation CONSULTANT
-----------------------------------	--------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		31		2013

**Transaction ID : SA11.2217**

Amount of Each Receipt this Period  

500.00
--------

 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**GEORGE TORREY**

Mailing Address 27765 HIDDEN COVE RD

City COLD SPRING	State MN	Zip Code 56320-9628
---------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		22		2013

**Transaction ID : SA11.1858**

Amount of Each Receipt this Period  

250.00
--------

 CONTRIBUTION

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

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

950.00
--------

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**JAMES TUOHY**

Mailing Address **6 CROCUS LN**

City **SAINT PAUL** State **MN** Zip Code **55127-6302**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**11 / 01 / 2013**

**Transaction ID : SA11.1178**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. NATHAN D. TUOMI**

Mailing Address **18441 STATE HWY 371**

City **BRAINERD** State **MN** Zip Code **56401-6827**

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

Name of Employer **GULL LAKE GLASS** Occupation **OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 31 / 2013**

**Transaction ID : SA11.2252**

Amount of Each Receipt this Period  
**1300.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JOHN VAN ETTA**

Mailing Address **1535 SKYWOOD LN**

City **DULUTH** State **MN** Zip Code **55805-1153**

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

Name of Employer **ST. LUKE'S INT MED.** Occupation **PHYSICIAN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**11 / 14 / 2013**

**Transaction ID : SA11.1674**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

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

**2050.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**MICHAEL WALT**

Mailing Address 2661 ELDRIDGE AVENUE E

City SAINT PAUL State MN Zip Code 55109-4125

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

Name of Employer 3M Occupation CLINICAL RESEARCH

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 08 / 2013

**Transaction ID : SA11.1529**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MICHAEL WALT**

Mailing Address 2661 ELDRIDGE AVENUE E

City SAINT PAUL State MN Zip Code 55109-4125

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

Name of Employer 3M Occupation CLINICAL RESEARCH

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 05 / 2013

**Transaction ID : SA11.2065**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MICHAEL WALT**

Mailing Address 2661 ELDRIDGE AVENUE E

City SAINT PAUL State MN Zip Code 55109-4125

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

Name of Employer 3M Occupation CLINICAL RESEARCH

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.2464**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

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

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

300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**THOMAS WETROSKY**

Mailing Address 25117 NORWAY LN

City NISSWA State MN Zip Code 56468-2807

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

Name of Employer VIKING LABEL Occupation LABEL CONVENTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 30 / 2013

**Transaction ID : SA11.1042**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**BRUCE WHEELER**

Mailing Address P.O. BOX 99

City ALBANY State OR Zip Code 97321-0030

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

Name of Employer COASTAL FARM AND RANCH Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 18 / 2013

**Transaction ID : SA11.1695**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**NOAH WILCOX**

Mailing Address 24000 W GREAT SUNSET ISLAND

City COHASSET State MN Zip Code 55721-

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

Name of Employer GRAND RAPIDS STATE BANK Occupation PRESIDENT & CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 11 / 2013

**Transaction ID : SA11.2084**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

1750.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**KARI WOOD**

Mailing Address 7106 HWY 53

City State Zip Code  
CANYON MN 55717-8720

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

Name of Employer Occupation  
SELF EMPLOYED LOGGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 31 2013

**Transaction ID : SA11.2318**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**KIM WOOD**

Mailing Address 16215 - 49TH PL N

City State Zip Code  
MINNEAPOLIS MN 55446-1740

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

Name of Employer Occupation  
RANGE INC PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 01 2013

**Transaction ID : SA11.1169**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JOHN WREN**

Mailing Address 2261 NORTHRIDGE AVENUE CIRCLE

City State Zip Code  
STILLWATER MN 55082-2506

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 11 2013

**Transaction ID : SA11.2102**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**BRIAN ZIEGLER**

Mailing Address 4000 HEARTHSTONE DR

City State Zip Code  
JANESVILLE WI 53546-2182

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

Name of Employer Occupation  
BLAIN SUPPLY, INC VP-IT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 02 / 2013

**Transaction ID : SA11.1937**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

250.00

122958.72

**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 51 OF 92
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**HUDSON FOR CONGRESS**

Mailing Address P.O. BOX 5053

City: CONCORD State: NC Zip Code: 28027-1500

FEC ID number of contributing federal political committee: **C C00504522**

Name of Employer: Occupation:

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 12 / 31 / 2013

**Transaction ID : SA11.2432**

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**BLUE CROSS AND BLUE SHIELD ASSOCIATION PAC**

Mailing Address 1310 G ST NW 12TH FLOOR

City: WASHINGTON State: DC Zip Code: 20005-3007

FEC ID number of contributing federal political committee: **C C00194746**

Name of Employer: Occupation:

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 11 / 12 / 2013

**Transaction ID : SA11.1851**

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DEALERS ELECTION ACTION COMMITTEE**

Mailing Address 8400 WESTPARK DRIVE

City: MCLEAN State: VA Zip Code: 22102-5116

FEC ID number of contributing federal political committee: **C C00040998**

Name of Employer: Occupation:

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2500.00

Date of Receipt: 11 / 12 / 2013

**Transaction ID : SA11.1852**

Amount of Each Receipt this Period: 2500.00

CONTRIBUTION

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 92
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**FREEDOM CLUB FEDERAL PAC**

Mailing Address PO BOX 416

City CHAMPLIN State MN Zip Code 55316-0416

FEC ID number of contributing federal political committee. **C** C00307777

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 12 / 2013

**Transaction ID : SA11.1850**

Amount of Each Receipt this Period  
 5000.00

CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

5000.00

9500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 92
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**TOMMY DOCK PRODUCTS LLC**

Mailing Address 9708 COUNTY ROAD U

City WAUSAU State WI Zip Code 54401-9759

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 0.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2013

**Transaction ID : SA11.1326**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**[MEMO ITEM]  
CORRECTED TO REFLECT CONTRIB FROM LLC**

**B.** Full Name (Last, First, Middle Initial)  
**LUNDBERG PLUMBING & HEATING**

Mailing Address 1075 2ND ST NW

City AITKIN State MN Zip Code 56431-1103

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

Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 18 / 2013

**Transaction ID : SA11.1691**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

DETERMINED TO BE INCORPORATED

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

500.00

500.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA15

Transaction ID : SA11.1326

CONTRIBUTION ORIGINALLY REPORTED FROM INDIVIDUAL CORNELIUS CURRAN REPORTED IN PREVIOUS PERIOD - CONTRIBUTION DETERMINED TO BE FROM LLC ACCOUNT. CONTRIBUTION RETURNED.

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 55 OF 92	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. DAN NICCUM</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 15907 OLD STONEBRIDGE TRAIL		Amount of Each Disbursement this Period 2143.72
City BRAINERD State MN Zip Code 56401	Category/Type	
Purpose of Disbursement IN-KIND		Transaction ID : KML4
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. RANGE INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address PO BOX 978		Amount of Each Disbursement this Period 2143.72
City BRAINERD State MN Zip Code 56401	Category/Type	
Purpose of Disbursement PRINTING		Transaction ID : KML5
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ISAAC SCHULTZ</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address 6871 APOLLO RD		Amount of Each Disbursement this Period 281.65
City SWANVILLE State MN Zip Code 56382	Category/Type	
Purpose of Disbursement EXPENSE REIMBURSEMENT		Transaction ID : SB17.194
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2425.37
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 92	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. VERIZON</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2013</b>
Mailing Address <b>1095 AVENUE OF THE AMERICAS</b>		Amount of Each Disbursement this Period <b>100.00</b>
City <b>NEW YORK</b> State <b>NY</b> Zip Code <b>10036</b>	Purpose of Disbursement <b>CELLPHONE BILL</b>	
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)	<b>Transaction ID : SB17.I102</b>  <b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ASPECT CONSULTING LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 16 / 2013</b>
Mailing Address <b>8401 EXCELSIOR DRIVE #103</b>		Amount of Each Disbursement this Period <b>3992.50</b>
City <b>MADISON</b> State <b>WI</b> Zip Code <b>53717</b>	Purpose of Disbursement <b>COMPLIANCE CONSULTING</b>	
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)	<b>Transaction ID : SB17.I1</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ASPECT CONSULTING LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 04 / 2013</b>
Mailing Address <b>8401 EXCELSIOR DRIVE #103</b>		Amount of Each Disbursement this Period <b>2169.59</b>
City <b>MADISON</b> State <b>WI</b> Zip Code <b>53717</b>	Purpose of Disbursement <b>COMPLIANCE CONSULTING</b>	
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)	<b>Transaction ID : SB17.I2</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>6162.09</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 92			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. ASPECT CONSULTING LLC</b>			Date of Disbursement M M / D D / Y Y Y Y <b>12 / 05 / 2013</b>	
Mailing Address <b>8401 EXCELSIOR DRIVE #103</b>			Amount of Each Disbursement this Period <b>2000.00</b>	
City <b>MADISON</b>	State <b>WI</b>	Zip Code <b>53717</b>	Transaction ID : <b>SB17.I3</b>	
Purpose of Disbursement <b>COMPLIANCE CONSULTING</b>		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 10 / 2013</b>	
Mailing Address <b>1593 SPRING HILL ROAD, SUITE 400</b>			Amount of Each Disbursement this Period <b>758.10</b>	
City <b>TYSONS CORNER</b>	State <b>VA</b>	Zip Code <b>22182</b>	Transaction ID : <b>SB17.I4</b>	
Purpose of Disbursement <b>DATABASE SOFTWARE</b>		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. CMDI</b>			Date of Disbursement M M / D D / Y Y Y Y <b>11 / 13 / 2013</b>	
Mailing Address <b>1593 SPRING HILL ROAD, SUITE 400</b>			Amount of Each Disbursement this Period <b>758.10</b>	
City <b>TYSONS CORNER</b>	State <b>VA</b>	Zip Code <b>22182</b>	Transaction ID : <b>SB17.I5</b>	
Purpose of Disbursement <b>DATABASE SOFTWARE</b>		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3516.20</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 92		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

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

Mailing Address 1593 SPRING HILL ROAD, SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE SOFTWARE

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 / 11 / 2013

Amount of Each Disbursement this Period: 758.10

Transaction ID : SB17.I6

Full Name (Last, First, Middle Initial)  
**B. CONNECTIVIST MEDIA**

Mailing Address 544 E OGDEN AVE #700-161

City MILWAUKEE State WI Zip Code 53202

Purpose of Disbursement ONLINE MEDIA

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 / 16 / 2013

Amount of Each Disbursement this Period: 7473.00

Transaction ID : SB17.I7

Full Name (Last, First, Middle Initial)  
**C. CONNECTIVIST MEDIA**

Mailing Address 544 E OGDEN AVE #700-161

City MILWAUKEE State WI Zip Code 53202

Purpose of Disbursement ONLINE MEDIA

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 / 24 / 2013

Amount of Each Disbursement this Period: 2000.00

Transaction ID : SB17.I8

**SUBTOTAL** of Disbursements This Page (optional)..... 10231.10

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 59 OF 92	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A. CONNECTIVIST MEDIA**

Full Name (Last, First, Middle Initial)  
Mailing Address 544 E OGDEN AVE #700-161

City MILWAUKEE State WI Zip Code 53202

Purpose of Disbursement ONLINE MEDIA

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 04 / 2013

Amount of Each Disbursement this Period: 2679.42

Transaction ID : SB17.I9

**B. CURTIS 1000 INC.**

Full Name (Last, First, Middle Initial)  
Mailing Address BOX 88237

City MILWAUKEE State WI Zip Code 53288

Purpose of Disbursement PRINTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 07 / 2013

Amount of Each Disbursement this Period: 515.64

Transaction ID : SB17.I10

**C. FLS CONNECT LLC**

Full Name (Last, First, Middle Initial)  
Mailing Address 7300 HUDSON BLVD, SUITE 270

City ST PAUL State MN Zip Code 55128

Purpose of Disbursement TELEPHONE FUNDRAISING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 05 / 2013

Amount of Each Disbursement this Period: 8052.00

Transaction ID : SB17.I11

**SUBTOTAL** of Disbursements This Page (optional) ..... 11247.06

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 60 OF 92	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. ISTREAM</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 04 / 2013</b>
Mailing Address <b>13555 BISHOPS COURT</b>		Amount of Each Disbursement this Period <b>82.54</b>
City <b>BROOKFIELD</b>	State <b>WI</b>	
Zip Code <b>53005</b>	Purpose of Disbursement <b>CHECK PROCESSING FEES</b>	<b>Transaction ID : SB17.I12</b>
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>B. ISTREAM</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 05 / 2013</b>
Mailing Address <b>13555 BISHOPS COURT</b>		Amount of Each Disbursement this Period <b>123.08</b>
City <b>BROOKFIELD</b>	State <b>WI</b>	
Zip Code <b>53005</b>	Purpose of Disbursement <b>CHECK PROCESSING FEES</b>	<b>Transaction ID : SB17.I13</b>
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>C. LARKIN HOFFMAN DALY &amp; LINDGREN LTD.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 16 / 2013</b>
Mailing Address <b>1500 WELLS FARGO PLAZA 7900 XERXES AVE SOUTH</b>		Amount of Each Disbursement this Period <b>7134.71</b>
City <b>MINNEAPOLIS</b>	State <b>MN</b>	
Zip Code <b>55431</b>	Purpose of Disbursement <b>LEGAL FEES</b>	<b>Transaction ID : SB17.I14</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>7340.33</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 92		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. MILLS FLEET FARM</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 24 / 2013</b>
Mailing Address <b>P.O. BOX 5055</b>		Amount of Each Disbursement this Period <b>304.55</b>
City <b>BRAINERD</b>	State <b>MN</b>	
Zip Code <b>56401</b>	Purpose of Disbursement <b>STAFFING EXPENSE</b>	<b>Transaction ID : SB17.I15</b>
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>B. MILLS FLEET FARM</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 07 / 2013</b>
Mailing Address <b>P.O. BOX 5055</b>		Amount of Each Disbursement this Period <b>450.00</b>
City <b>BRAINERD</b>	State <b>MN</b>	
Zip Code <b>56401</b>	Purpose of Disbursement <b>OFFICE RENT</b>	<b>Transaction ID : SB17.I16</b>
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>C. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 11 / 2013</b>
Mailing Address <b>375 BISHOPS WAY</b>		Amount of Each Disbursement this Period <b>934.75</b>
City <b>BROOKFIELD</b>	State <b>WI</b>	
Zip Code <b>53005</b>	Purpose of Disbursement <b>PAYROLL</b>	<b>Transaction ID : SB17.I18</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1689.30</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 62 OF 92	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. ISAAC SCHULTZ</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 10 / 2013</b>
Mailing Address <b>6871 APOLLO ROAD</b>		Amount of Each Disbursement this Period <b>934.75</b>
City <b>SWANVILLE</b>	State <b>MN</b>	
Zip Code <b>56382</b>	Purpose of Disbursement <b>PAYROLL</b>	<b>Transaction ID : KML12</b>
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)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 15 / 2013</b>
Mailing Address <b>375 BISHOPS WAY</b>		Amount of Each Disbursement this Period <b>392.66</b>
City <b>BROOKFIELD</b>	State <b>WI</b>	
Zip Code <b>53005</b>	Purpose of Disbursement <b>PAYROLL TAX</b>	<b>Transaction ID : SB17.119</b>
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>C. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 15 / 2013</b>
Mailing Address <b>375 BISHOPS WAY</b>		Amount of Each Disbursement this Period <b>91.00</b>
City <b>BROOKFIELD</b>	State <b>WI</b>	
Zip Code <b>53005</b>	Purpose of Disbursement <b>PAYROLL PROCESSING FEE</b>	<b>Transaction ID : SB17.120</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>483.66</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 63 OF 92	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 18 / 2013</b>
Mailing Address <b>375 BISHOPS WAY</b>		Amount of Each Disbursement this Period <b>14.50</b>
City <b>BROOKFIELD</b>	State <b>WI</b>	
Zip Code <b>53005</b>	Purpose of Disbursement <b>PAYROLL TAX</b>	<b>Transaction ID : SB17.I21</b>
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>B. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 30 / 2013</b>
Mailing Address <b>375 BISHOPS WAY</b>		Amount of Each Disbursement this Period <b>934.74</b>
City <b>BROOKFIELD</b>	State <b>WI</b>	
Zip Code <b>53005</b>	Purpose of Disbursement <b>PAYROLL</b>	<b>Transaction ID : SB17.I22</b>
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>C. ISAAC SCHULTZ</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 29 / 2013</b>
Mailing Address <b>6871 APOLLO ROAD</b>		Amount of Each Disbursement this Period <b>934.74</b>
City <b>SWANVILLE</b>	State <b>MN</b>	
Zip Code <b>56382</b>	Purpose of Disbursement <b>PAYROLL</b>	<b>Transaction ID : KML13</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>949.24</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 92			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2013</b>
Mailing Address <b>375 BISHOPS WAY</b>		Amount of Each Disbursement this Period <b>91.00</b> <b>Transaction ID : SB17.I23</b>
City <b>BROOKFIELD</b>	State <b>WI</b>	
Zip Code <b>53005</b>	Purpose of Disbursement <b>PAYROLL PROCESSING FEE</b>	Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2013</b>
Mailing Address <b>375 BISHOPS WAY</b>		Amount of Each Disbursement this Period <b>392.67</b> <b>Transaction ID : SB17.I24</b>
City <b>BROOKFIELD</b>	State <b>WI</b>	
Zip Code <b>53005</b>	Purpose of Disbursement <b>PAYROLL TAX</b>	Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>C. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 14 / 2013</b>
Mailing Address <b>375 BISHOPS WAY</b>		Amount of Each Disbursement this Period <b>934.75</b> <b>Transaction ID : SB17.I25</b>
City <b>BROOKFIELD</b>	State <b>WI</b>	
Zip Code <b>53005</b>	Purpose of Disbursement <b>PAYROLL</b>	Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1418.42</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 65 OF 92	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. ISAAC SCHULTZ</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 13 / 2013</b>
Mailing Address <b>6871 APOLLO ROAD</b>		Amount of Each Disbursement this Period <b>934.75</b>
City <b>SWANVILLE</b>	State <b>MN</b>	
Zip Code <b>56382</b>	Purpose of Disbursement <b>PAYROLL</b>	<b>Transaction ID : KML14</b>
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)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 15 / 2013</b>
Mailing Address <b>375 BISHOPS WAY</b>		Amount of Each Disbursement this Period <b>454.13</b>
City <b>BROOKFIELD</b>	State <b>WI</b>	
Zip Code <b>53005</b>	Purpose of Disbursement <b>PAYROLL TAX</b>	<b>Transaction ID : SB17.I26</b>
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>C. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 15 / 2013</b>
Mailing Address <b>375 BISHOPS WAY</b>		Amount of Each Disbursement this Period <b>91.00</b>
City <b>BROOKFIELD</b>	State <b>WI</b>	
Zip Code <b>53005</b>	Purpose of Disbursement <b>PAYROLL PROCESSING FEE</b>	<b>Transaction ID : SB17.I27</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>545.13</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 66 OF 92	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2013
Mailing Address 375 BISHOPS WAY		Amount of Each Disbursement this Period 934.74
City BROOKFIELD	State WI	
Zip Code 53005	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I28
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>B. ISAAC SCHULTZ</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2013
Mailing Address 6871 APOLLO ROAD		Amount of Each Disbursement this Period 934.74
City SWANVILLE	State MN	
Zip Code 56382	Purpose of Disbursement PAYROLL	Transaction ID : KML15
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2013
Mailing Address 375 BISHOPS WAY		Amount of Each Disbursement this Period 449.64
City BROOKFIELD	State WI	
Zip Code 53005	Purpose of Disbursement PAYROLL TAX	Transaction ID : SB17.I29
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1384.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 92			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PAYCHEX</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2013		
Mailing Address 375 BISHOPS WAY			Amount of Each Disbursement this Period 91.00		
City BROOKFIELD	State WI	Zip Code 53005	Transaction ID : SB17.I30		
Purpose of Disbursement PAYROLL PROCESSING FEE		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. PAYCHEX</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2013		
Mailing Address 375 BISHOPS WAY			Amount of Each Disbursement this Period 934.75		
City BROOKFIELD	State WI	Zip Code 53005	Transaction ID : SB17.I31		
Purpose of Disbursement PAYROLL		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. ISAAC SCHULTZ</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2013		
Mailing Address 6871 APOLLO ROAD			Amount of Each Disbursement this Period 934.75		
City SWANVILLE	State MN	Zip Code 56382	Transaction ID : KML16		
Purpose of Disbursement PAYROLL		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1025.75
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 68 OF 92	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 13 / 2013</b>
Mailing Address <b>375 BISHOPS WAY</b>		Amount of Each Disbursement this Period <b>100.00</b> <b>Transaction ID : SB17.I32</b>
City <b>BROOKFIELD</b>	State <b>WI</b>	
Zip Code <b>53005</b>	Purpose of Disbursement <b>PAYROLL PROCESSING FEE</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 13 / 2013</b>
Mailing Address <b>375 BISHOPS WAY</b>		Amount of Each Disbursement this Period <b>449.63</b> <b>Transaction ID : SB17.I33</b>
City <b>BROOKFIELD</b>	State <b>WI</b>	
Zip Code <b>53005</b>	Purpose of Disbursement <b>PAYROLL TAX</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 30 / 2013</b>
Mailing Address <b>375 BISHOPS WAY</b>		Amount of Each Disbursement this Period <b>934.74</b> <b>Transaction ID : SB17.I34</b>
City <b>BROOKFIELD</b>	State <b>WI</b>	
Zip Code <b>53005</b>	Purpose of Disbursement <b>PAYROLL</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1484.37</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 92			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. ISAAC SCHULTZ</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2013	
Mailing Address 6871 APOLLO ROAD			Amount of Each Disbursement this Period 934.75	
City SWANVILLE	State MN	Zip Code 56382	Transaction ID : KML17  [MEMO ITEM]	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. PAYCHEX</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013	
Mailing Address 375 BISHOPS WAY			Amount of Each Disbursement this Period 91.00	
City BROOKFIELD	State WI	Zip Code 53005	Transaction ID : SB17.I35	
Purpose of Disbursement PAYROLL PROCESSING FEE		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. PAYCHEX</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013	
Mailing Address 375 BISHOPS WAY			Amount of Each Disbursement this Period 449.64	
City BROOKFIELD	State WI	Zip Code 53005	Transaction ID : SB17.I36	
Purpose of Disbursement PAYROLL TAX		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	540.64
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 70 OF 92	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PINNACLE DIRECT INC.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 24 / 2013</b>
Mailing Address <b>15260 113TH STREET N</b>		Amount of Each Disbursement this Period <b>596.88</b> <b>Transaction ID : SB17.I37</b>
City <b>STILLWATER</b>	State <b>MN</b>	
Zip Code <b>55082</b>	Purpose of Disbursement <b>LIST RENTAL</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 01 / 2013</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>5.75</b> <b>Transaction ID : SB17.I38</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 02 / 2013</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>9.79</b> <b>Transaction ID : SB17.I39</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>612.42</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 92			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 03 / 2013</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>2.88</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	<b>Transaction ID : SB17.I40</b>
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>B. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 04 / 2013</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>158.74</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	<b>Transaction ID : SB17.I41</b>
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>C. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 07 / 2013</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>179.70</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	<b>Transaction ID : SB17.I42</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>341.32</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 92			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PIRYX</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 08 / 2013</b>		
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>			Amount of Each Disbursement this Period <b>31.64</b>		
City <b>SAN FRANCISCO</b>	State <b>CA</b>	Zip Code <b>94105</b>	Transaction ID : <b>SB17.I43</b>		
Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>B. PIRYX</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 09 / 2013</b>		
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>			Amount of Each Disbursement this Period <b>134.85</b>		
City <b>SAN FRANCISCO</b>	State <b>CA</b>	Zip Code <b>94105</b>	Transaction ID : <b>SB17.I44</b>		
Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>C. PIRYX</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 10 / 2013</b>		
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>			Amount of Each Disbursement this Period <b>10.94</b>		
City <b>SAN FRANCISCO</b>	State <b>CA</b>	Zip Code <b>94105</b>	Transaction ID : <b>SB17.I45</b>		
Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>177.43</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 92			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 15 / 2013</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>66.13</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	<b>Transaction ID : SB17.I46</b>
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>B. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 16 / 2013</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>1.44</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	<b>Transaction ID : SB17.I47</b>
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>C. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 17 / 2013</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>117.88</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	<b>Transaction ID : SB17.I48</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>185.45</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 92			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 21 / 2013</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>7.19</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	<b>Transaction ID : SB17.I49</b>
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>B. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 22 / 2013</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>7.02</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	<b>Transaction ID : SB17.I50</b>
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>C. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 23 / 2013</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>1.44</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	<b>Transaction ID : SB17.I51</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>15.65</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 75 OF 92	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 24 / 2013</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>15.82</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	<b>Transaction ID : SB17.I52</b>
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>B. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 25 / 2013</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>10.36</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	<b>Transaction ID : SB17.I53</b>
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>C. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 28 / 2013</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>45.20</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	<b>Transaction ID : SB17.I54</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>71.38</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 92			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 29 / 2013</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>40.27</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	<b>Transaction ID : SB17.I55</b>
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>B. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 30 / 2013</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>3.46</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	<b>Transaction ID : SB17.I56</b>
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>C. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2013</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>31.92</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	<b>Transaction ID : SB17.I57</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>75.65</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 92			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 2.88
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 15.82
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2013
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 44.01
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	62.71
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 92			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 06 / 2013</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>4.32</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	<b>Transaction ID : SB17.I61</b>
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>B. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 07 / 2013</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>2.88</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	<b>Transaction ID : SB17.I62</b>
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>C. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 12 / 2013</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>56.67</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	<b>Transaction ID : SB17.I63</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>63.87</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 92			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 13 / 2013</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>69.91</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	Zip Code <b>94105</b>
Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

**Transaction ID : SB17.I64**

Full Name (Last, First, Middle Initial) <b>B. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 14 / 2013</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>25.89</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	Zip Code <b>94105</b>
Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

**Transaction ID : SB17.I65**

Full Name (Last, First, Middle Initial) <b>C. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 18 / 2013</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>5.75</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	Zip Code <b>94105</b>
Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

**Transaction ID : SB17.I66**

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>101.55</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 92			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 19 / 2013</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>42.59</b> Transaction ID : <b>SB17.I67</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 20 / 2013</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>14.11</b> Transaction ID : <b>SB17.I68</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 21 / 2013</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>5.75</b> Transaction ID : <b>SB17.I69</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>62.45</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 92			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2013
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 27.89
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I70
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>B. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2013
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 6.90
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I71
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>C. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2013
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 178.29
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I72
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	213.08
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 92			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PIRYX</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2013		
Mailing Address 144 2ND ST. 1ST FLOOR			Amount of Each Disbursement this Period 14.39		
City SAN FRANCISCO	State CA	Zip Code 94105	Transaction ID : SB17.I73		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. PIRYX</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2013		
Mailing Address 144 2ND ST. 1ST FLOOR			Amount of Each Disbursement this Period 5.76		
City SAN FRANCISCO	State CA	Zip Code 94105	Transaction ID : SB17.I74		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. PIRYX</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2013		
Mailing Address 144 2ND ST. 1ST FLOOR			Amount of Each Disbursement this Period 1.44		
City SAN FRANCISCO	State CA	Zip Code 94105	Transaction ID : SB17.I75		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	21.59
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 92			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2013
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 10.93 <b>Transaction ID : SB17.I76</b>
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2013
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 28.75 <b>Transaction ID : SB17.I77</b>
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2013
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 5.75 <b>Transaction ID : SB17.I78</b>
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	45.43
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 92			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PIRYX</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2013		
Mailing Address 144 2ND ST. 1ST FLOOR			Amount of Each Disbursement this Period 1.15		
City SAN FRANCISCO	State CA	Zip Code 94105	Transaction ID : SB17.I79		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. PIRYX</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2013		
Mailing Address 144 2ND ST. 1ST FLOOR			Amount of Each Disbursement this Period 4.32		
City SAN FRANCISCO	State CA	Zip Code 94105	Transaction ID : SB17.I80		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. PIRYX</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2013		
Mailing Address 144 2ND ST. 1ST FLOOR			Amount of Each Disbursement this Period 2.02		
City SAN FRANCISCO	State CA	Zip Code 94105	Transaction ID : SB17.I81		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7.49
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 92			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 31 / 2013</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>33.09</b> <b>Transaction ID : SB17.I82</b>
City <b>SAN FRANCISCO</b> State <b>CA</b> Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	
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>B. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 31 / 2013</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>299.00</b> <b>Transaction ID : SB17.I83</b>
City <b>SAN FRANCISCO</b> State <b>CA</b> Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	
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>C. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 31 / 2013</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>49.19</b> <b>Transaction ID : SB17.I84</b>
City <b>SAN FRANCISCO</b> State <b>CA</b> Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>381.28</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 92		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 31 / 2013</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>5.76</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	<b>Transaction ID : SB17.I85</b>
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>B. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 31 / 2013</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>1.44</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	<b>Transaction ID : SB17.I86</b>
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>C. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 31 / 2013</b>
Mailing Address <b>144 2ND ST. 1ST FLOOR</b>		Amount of Each Disbursement this Period <b>117.80</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	<b>Transaction ID : SB17.I87</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>125.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 92			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 78.53
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 156.69
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 3.46
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	238.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 88 OF 92	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. PURCELL CONSULTING LLC</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 11 / 2013</b>
Mailing Address <b>2222 BLAISDELL AVENUE #204</b>			Amount of Each Disbursement this Period <b>5000.00</b> <b>Transaction ID : SB17.I91</b>
City <b>MINNEAPOLIS</b>	State <b>MN</b>	Zip Code <b>55404</b>	
Purpose of Disbursement <b>FUNDRAISING CONSULTING</b>		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. PURCELL CONSULTING LLC</b>			Date of Disbursement M M / D D / Y Y Y Y <b>11 / 04 / 2013</b>
Mailing Address <b>2222 BLAISDELL AVENUE #204</b>			Amount of Each Disbursement this Period <b>6000.00</b> <b>Transaction ID : SB17.I92</b>
City <b>MINNEAPOLIS</b>	State <b>MN</b>	Zip Code <b>55404</b>	
Purpose of Disbursement <b>FUNDRAISING CONSULTING</b>		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>C. PURCELL CONSULTING LLC</b>			Date of Disbursement M M / D D / Y Y Y Y <b>12 / 05 / 2013</b>
Mailing Address <b>2222 BLAISDELL AVENUE #204</b>			Amount of Each Disbursement this Period <b>6000.00</b> <b>Transaction ID : SB17.I93</b>
City <b>MINNEAPOLIS</b>	State <b>MN</b>	Zip Code <b>55404</b>	
Purpose of Disbursement <b>FUNDRAISING CONSULTING</b>		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>17000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 92		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. SCM ASSOCIATES INC.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 16 / 2013</b>
Mailing Address P.O. BOX 254		Amount of Each Disbursement this Period <b>19701.89</b>
City DUBLIN	State NH	
Zip Code 03444	Purpose of Disbursement DIRECT MAIL	<b>Transaction ID : SB17.I95</b>
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>B. SCM ASSOCIATES INC.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 21 / 2013</b>
Mailing Address P.O. BOX 254		Amount of Each Disbursement this Period <b>26040.00</b>
City DUBLIN	State NH	
Zip Code 03444	Purpose of Disbursement DIRECT MAIL	<b>Transaction ID : SB17.I96</b>
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>C. SCM ASSOCIATES INC.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 24 / 2013</b>
Mailing Address P.O. BOX 254		Amount of Each Disbursement this Period <b>6087.22</b>
City DUBLIN	State NH	
Zip Code 03444	Purpose of Disbursement DIRECT MAIL	<b>Transaction ID : SB17.I97</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>51829.11</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 90 OF 92	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. SCM ASSOCIATES INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2013	
Mailing Address P.O. BOX 254			Amount of Each Disbursement this Period 8707.68	
City DUBLIN	State NH	Zip Code 03444	Transaction ID : SB17.I98	
Purpose of Disbursement DIRECT MAIL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. US BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013	
Mailing Address P.O. BOX 790408			Amount of Each Disbursement this Period 7.00	
City ST LOUIS	State MO	Zip Code 63179	Transaction ID : SB17.I100	
Purpose of Disbursement BANK FEE		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. US BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013	
Mailing Address P.O. BOX 790408			Amount of Each Disbursement this Period 927.50	
City ST LOUIS	State MO	Zip Code 63179	Transaction ID : SB17.I101	
Purpose of Disbursement CREDIT CARD PAYMENT		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9642.18
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 91 OF 92	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

**A. MN WORKERS COMP INSURERS ASSN**

Full Name (Last, First, Middle Initial)

Mailing Address 7701 FRANCE AVE S  
SUITE 405

City MINNEAPOLIS State MN Zip Code 05435

Purpose of Disbursement WORKERS COMP INSURANCE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 17 / 2013

Amount of Each Disbursement this Period: 672.00

Transaction ID : SB17.I106

[MEMO ITEM]

**B. VERIZON**

Full Name (Last, First, Middle Initial)

Mailing Address 1095 AVENUE OF THE AMERICAS

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement CELLPHONE BILL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 18 / 2013

Amount of Each Disbursement this Period: 204.00

Transaction ID : SB17.I105

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... 0.00

**TOTAL** This Period (last page this line number only)..... 131716.76

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 92 OF 92	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Stewart Mills, Inc.**

Full Name (Last, First, Middle Initial) <b>A. LUNDBERG PLUMBING &amp; HEATING</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 1075 2ND STREET NW		Amount of Each Disbursement this Period 500.00
City AITKIN State MN Zip Code 56431	Purpose of Disbursement RETURNED CONTRIBUTION Category/Type	
Candidate Name		Transaction ID : KML2
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>B. TOMMY DOCK PRODUCTS LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address P.O. BOX 1449		Amount of Each Disbursement this Period 1000.00
City WAUSAU State WI Zip Code 54402	Purpose of Disbursement RETURNED CONTRIBUTION Category/Type	
Candidate Name		Transaction ID : SB17.I99
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>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name		Transaction ID
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:		

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