

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Nils Palsson for Congress 2016

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))....	8410.32	8410.32
(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)).....	8410.32	8410.32
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	6303.89	6303.89
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	6303.89	6303.89
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2106.43	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY 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

Nils Palsson for Congress 2016

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).....	6850.00	6850.00
(ii) Unitemized.....	1560.32	1560.32
(iii) TOTAL of contributions from individuals ▶	8410.32	8410.32
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	8410.32	8410.32
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	8410.32	8410.32

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	6303.89	6303.89
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	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	6303.89	6303.89

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8410.32
25. SUBTOTAL (add Line 23 and Line 24).....	8410.32
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	6303.89
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2106.43

**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 10	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)
Nils Palsson for Congress 2016

A. Full Name (Last, First, Middle Initial)
Terrence Daniels

Mailing Address 1445 Pitney Lane

City State Zip Code
Upper Lake CA 95485

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

Name of Employer Occupation
Reddan Surveying, Inc. Contractor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 16 / 2016

Transaction ID : INCA18

Amount of Each Receipt this Period
200.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Terrence Daniels

Mailing Address 1445 Pitney Lane

City State Zip Code
Upper Lake CA 95485

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

Name of Employer Occupation
Reddan Surveying, Inc. Contractor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 16 / 2016

Transaction ID : INCA19

Amount of Each Receipt this Period
100.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Coralyn Feyling

Mailing Address 1407 Rosita Road

City State Zip Code
Pacifica CA 94044

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

Name of Employer Occupation
n/a Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 09 / 2016

Transaction ID : INCA15

Amount of Each Receipt this Period
27.00

Memo Item

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

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

327.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 10
	<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)
Nils Palsson for Congress 2016

A. Full Name (Last, First, Middle Initial)
Coralyn Feyling

Mailing Address 1407 Rosita Road

City Pacifica State CA Zip Code 94044

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

Name of Employer n/a Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2016

Transaction ID : INCA40

Amount of Each Receipt this Period
2573.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Nils Palsson

Mailing Address 10617 Sycamore Road

City Middletown State CA Zip Code 95461

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

Name of Employer Transition US Occupation Communications & Special Projects

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2650.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2016

Transaction ID : INCA142

Amount of Each Receipt this Period
600.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Nils Palsson

Mailing Address 10617 Sycamore Road

City Middletown State CA Zip Code 95461

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

Name of Employer Transition US Occupation Communications & Special Projects

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2650.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2016

Transaction ID : INCA141

Amount of Each Receipt this Period
500.00

Memo Item

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

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

3673.00

**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 10
	<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)
Nils Palsson for Congress 2016

A. Full Name (Last, First, Middle Initial)
Nils Palsson

Mailing Address 10617 Sycamore Road

City: Middletown State: CA Zip Code: 95461

FEC ID number of contributing federal political committee: C

Name of Employer: Transition US Occupation: Communications & Special Projects

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 2650.00

Date of Receipt: 03 / 16 / 2016

Transaction ID : INCA140

Amount of Each Receipt this Period: 550.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Nils Palsson

Mailing Address 10617 Sycamore Road

City: Middletown State: CA Zip Code: 95461

FEC ID number of contributing federal political committee: C

Name of Employer: Transition US Occupation: Communications & Special Projects

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 2650.00

Date of Receipt: 03 / 22 / 2016

Transaction ID : INCA139

Amount of Each Receipt this Period: 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Wayne A. Palsson

Mailing Address 13261 2nd Avenue Northwest

City: Seattle State: WA Zip Code: 96177

FEC ID number of contributing federal political committee: C

Name of Employer: National Oceanic and Atmospheric Admin Occupation: Marine Biologist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 22 / 2016

Transaction ID : INCA22

Amount of Each Receipt this Period: 1000.00

Memo Item

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

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

2550.00

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

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

FOR LINE NUMBER: PAGE 8 OF 10
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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

NAME OF COMMITTEE (In Full)
Nils Palsson for Congress 2016

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

Mailing Address 5890 Staheli Drive

City State Zip Code
Kelseyville CA 95451

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

Name of Employer Occupation
Benjamin Raff Healer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2016

Transaction ID : INCA34

Amount of Each Receipt this Period
 300.00

Memo Item

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

Memo Item

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

Memo Item

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

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

300.00

6850.00

**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 9 OF 10	
	<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)
Nils Palsson for Congress 2016

Full Name (Last, First, Middle Initial) A. Napa County Election Division			Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2016	
Mailing Address 900 Coombs Street, #256			Amount of Each Disbursement this Period 1760.00	
City Napa	State CA	Zip Code 94559	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Filing Fees		Category/Type 001	Transaction ID : EXPB26	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Registrar of Voters			Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2016	
Mailing Address 255 North Forbes Street, #209			Amount of Each Disbursement this Period 1100.79	
City Lakeport	State CA	Zip Code 95453	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Filing Fees		Category/Type 001	Transaction ID : EXPB23	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. Secretary of State			Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2016	
Mailing Address 1500 11th Street, Room 495			Amount of Each Disbursement this Period 1606.02	
City Sacramento	State CA	Zip Code 95814	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Filing Fees		Category/Type 001	Transaction ID : EXPB24	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	4466.81
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 10 OF 10	
	<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)
Nils Palsson for Congress 2016

Full Name (Last, First, Middle Initial) A. Sonoma County Registrar of Voters			Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2016	
Mailing Address 435 Fiscal Drive			Amount of Each Disbursement this Period 1812.00	
City Santa Rosa	State CA	Zip Code 95403	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Filing Fees		Category/Type 001		
Candidate Name			Transaction ID : EXPB25	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code	<input type="checkbox"/> Memo Item	
Purpose of Disbursement		Category/Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code	<input type="checkbox"/> Memo Item	
Purpose of Disbursement		Category/Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional)	1812.00
TOTAL This Period (last page this line number only)	6278.81