

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

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FEC MAIL CENTER

1. NAME OF  
COMMITTEE (in full)



(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

PAULA OVERBY FOR CONGRESS

ADDRESS (number and street)

835 CLIFF RD



(Check if address  
is changed)

EAGAN

CITY ▲

WM

STATE ▲

55123-11906

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address  
is changed)

PAULA@PAULAOVERBY.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address  
is changed)

PAULAOVERBY.COM

2. DATE

10 / 04 / 2013

3. FEC IDENTIFICATION NUMBER ►

C00548727

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Julia B Wells

Signature of Treasurer

*Julia B Wells*

Date

10 / 04 / 2013

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 06/2012)

## 5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought:

☐

House

☐

Senate

☐

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

**Party Committee:**

- (d) ☐ This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

1.	<input type="text"/>	FEC ID number	<input type="text"/>
2.	<input type="text"/>	FEC ID number	<input type="text"/>
3.	<input type="text"/>	FEC ID number	<input type="text"/>
4.	<input type="text"/>	FEC ID number	<input type="text"/>

13031130375

**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

[illegible][illegible]**ZIP CODE**

PAULA OVERBY

835 CHIFF RD

EGAN

Wm
$$\boxed{55123} - \boxed{1906}$$
**ZIP CODE**

Candidate

651-214-1603

JULIA BULBULIAN WELLS

2309 GRAND AVE

13.5

MINNEAPOLIS

MN
$$\boxed{5} \boxed{5} \boxed{4} \boxed{0} \boxed{5} - \boxed{\phantom{0}} \boxed{\phantom{0}} \boxed{\phantom{0}} \boxed{\phantom{0}} \boxed{\phantom{0}}$$

T	R	E	A	S	U	R	E	R
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$$\boxed{112} - \boxed{701} = \boxed{4744}$$

13051130376

Full Name of  
Designated  
Agent

PAULA AMIRARE DUBBY

Mailing Address

1835 CLIFF ROAD

EAGAN

CITY

MN

STATE

55123-1905

ZIP CODE

Title or Position

Candidate

Telephone number

651-214-1603

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

First National Bank of the Lakes

Mailing Address

6613 Penn Ave S

Richfield

CITY

MN

STATE

55423-

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

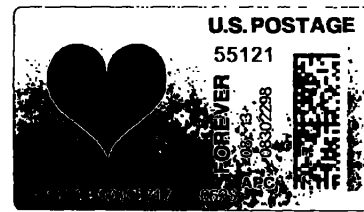
ZIP CODE

13031130377

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a Overby  
Cliff Rd  
~ MN 55123

SAINT PAUL MN 550  
10 OCT 2013 PM 1 L



Office Federal Election Commission  
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Washington, DC 20463

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<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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<input type="checkbox"/> USPS Priority Mail	Postmarked
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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
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<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>

<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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*JB*  
 PREPARER  
 (8/2013)

*10/18/2013*  
 DATE PREPARED

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