

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
PAULA OVERBY FOR CONGRESS

Report Covering the Period: From: / / 2013 To: / / 2014

	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))....	5310.44	5310.44
(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)).....	5310.44	5310.44
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	6475.34	6475.34
(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)).....	6475.34	6475.34
8. Cash on Hand at Close of Reporting Period (from Line 27).....	350.47	
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).....	1515.37	

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

PAULA OVERBY FOR CONGRESS

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).....	2916.35	2916.35
(ii) Unitemized.....	2394.09	2394.09
(iii) TOTAL of contributions from individuals ▶	5310.44	5310.44
(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))..	5310.44	5310.44
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	1515.37	1515.37
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	1515.37	1515.37
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)..... ▶	6825.81	6825.81

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	6475.34	6475.34
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) ▶	6475.34	6475.34

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6825.81
25. SUBTOTAL (add Line 23 and Line 24).....	6825.81
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	6475.34
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	350.47

**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 54
	<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)
PAULA OVERBY FOR CONGRESS

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

Mailing Address 11 Amelia Ct .

City West St Pau State MN Zip Code 55118

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

Name of Employer Town Square TV Occupation Producer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.4236

Amount of Each Receipt this Period
600.00

In-kind - convention video

B. Full Name (Last, First, Middle Initial)
JEANNETTE HARRINGTON

Mailing Address 13972 FALCON AVE

City APPLE VALLEY State MN Zip Code 55124-3312

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

Name of Employer RETIRED Occupation NA

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 / 03 / 2013

Transaction ID : SA11AI.4151

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JOSH MATHIES

Mailing Address 9121 Collins Drive NW

City Ramsey State MN Zip Code 55303-7207

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

Name of Employer Anoka Ramsey Community College Occupation CLA

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 Y
 06 / 30 / 2014

Transaction ID : SA11AI.4232

Amount of Each Receipt this Period
1500.00

In-kind - Web site design and maintenance

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

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

2600.00

**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 54
	<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)
PAULA OVERBY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WALLACE SWAN

Mailing Address 15 S 1ST ST

City MINNEAPOLIS State MN Zip Code 55401

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

Name of Employer self Occupation author

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
436.74

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 22 / 2014

Transaction ID : SA11AI.4195

Amount of Each Receipt this Period
249.90

In-kind - CONVENTION EXPENSES

B. Full Name (Last, First, Middle Initial)
WALLACE SWAN

Mailing Address 15 S 1ST ST

City MINNEAPOLIS State MN Zip Code 55401

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

Name of Employer self Occupation author

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
460.79

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 05 / 2014

Transaction ID : SA11AI.4208

Amount of Each Receipt this Period
24.05

In-kind - CANDIDATE FORUM

C. Full Name (Last, First, Middle Initial)
WALLACE SWAN

Mailing Address 15 S 1ST ST

City MINNEAPOLIS State MN Zip Code 55401

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

Name of Employer self Occupation author

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
480.78

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 11 / 2014

Transaction ID : SA11AI.4210

Amount of Each Receipt this Period
19.99

In-kind - fec FILING

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

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

293.94

**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 54
	<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)
PAULA OVERBY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WALLACE SWAN

Mailing Address 15 S 1ST ST

City MINNEAPOLIS State MN Zip Code 55401

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

Name of Employer self Occupation author

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
503.19

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 12 / 2014

Transaction ID : SA11Al.4212

Amount of Each Receipt this Period
22.41

In-kind - CONVENTION

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).....

22.41

2916.35

**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 54
	<input type="checkbox"/> 11a 12 <input checked="" 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)
PAULA OVERBY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ms PAULA MIRARE MIRARE OVERBY

Mailing Address 835 CLIFF ROAD

City EAGAN	State MN	Zip Code 55123
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FEC ID number of contributing federal political committee. **C** H4MN02136

Name of Employer Professional Transportation, I	Occupation Driver
--	----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 29.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2013

Transaction ID : SA13A.4260

Amount of Each Receipt this Period
 _____ 29.99

Printing costs

B. Full Name (Last, First, Middle Initial)
Ms PAULA MIRARE MIRARE OVERBY

Mailing Address 835 CLIFF ROAD

City EAGAN	State MN	Zip Code 55123
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FEC ID number of contributing federal political committee. **C** H4MN02136

Name of Employer Professional Transportation, I	Occupation Driver
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Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 50.14

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2013

Transaction ID : SA13A.4261

Amount of Each Receipt this Period
 _____ 20.15

badges

C. Full Name (Last, First, Middle Initial)
Ms PAULA MIRARE MIRARE OVERBY

Mailing Address 835 CLIFF ROAD

City EAGAN	State MN	Zip Code 55123
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FEC ID number of contributing federal political committee. **C** H4MN02136

Name of Employer Professional Transportation, I	Occupation Driver
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Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 84.86

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 17 / 2013

Transaction ID : SA13A.4262

Amount of Each Receipt this Period
 _____ 34.72

badges

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

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

_____ 84.86

**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 54
<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
PAULA OVERBY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ms PAULA MIRARE MIRARE OVERBY

Mailing Address 835 CLIFF ROAD

City EAGAN State MN Zip Code 55123

FEC ID number of contributing federal political committee. **C H4MN02136**

Name of Employer Professional Transportation, I Occupation Driver

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **85.61**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 24 / 2013

Transaction ID : SA13A.4263

Amount of Each Receipt this Period
0.75
 printing

B. Full Name (Last, First, Middle Initial)
Ms PAULA MIRARE MIRARE OVERBY

Mailing Address 835 CLIFF ROAD

City EAGAN State MN Zip Code 55123

FEC ID number of contributing federal political committee. **C H4MN02136**

Name of Employer Professional Transportation, I Occupation Driver

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **105.03**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 27 / 2013

Transaction ID : SA13A.4264

Amount of Each Receipt this Period
19.42
 Printing snd postage

C. Full Name (Last, First, Middle Initial)
Ms PAULA MIRARE MIRARE OVERBY

Mailing Address 835 CLIFF ROAD

City EAGAN State MN Zip Code 55123

FEC ID number of contributing federal political committee. **C H4MN02136**

Name of Employer Professional Transportation, I Occupation Driver

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **455.03**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 07 / 2013

Transaction ID : SA13A.4267

Amount of Each Receipt this Period
350.00
 sign

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

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

370.17

**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 54
	<input type="checkbox"/> 11a 12 <input checked="" 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)
PAULA OVERBY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ms PAULA MIRARE MIRARE OVERBY		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 10 / 2013	
Mailing Address 835 CLIFF ROAD		Transaction ID : SA13A.4268	
City EAGAN State MN Zip Code 55123	Amount of Each Receipt this Period Printing 20.57		
FEC ID number of contributing federal political committee. C H4MN02136	Name of Employer Professional Transportation, I Occupation Driver		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 475.60		

Full Name (Last, First, Middle Initial) B. Ms PAULA MIRARE MIRARE OVERBY		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 12 / 2013	
Mailing Address 835 CLIFF ROAD		Transaction ID : SA13A.4269	
City EAGAN State MN Zip Code 55123	Amount of Each Receipt this Period Printing 11.00		
FEC ID number of contributing federal political committee. C H4MN02136	Name of Employer Professional Transportation, I Occupation Driver		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 486.60		

Full Name (Last, First, Middle Initial) C. Ms PAULA MIRARE MIRARE OVERBY		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 26 / 2013	
Mailing Address 835 CLIFF ROAD		Transaction ID : SA13A.4271	
City EAGAN State MN Zip Code 55123	Amount of Each Receipt this Period Printing 4.15		
FEC ID number of contributing federal political committee. C H4MN02136	Name of Employer Professional Transportation, I Occupation Driver		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 490.75		

SUBTOTAL of Receipts This Page (optional).....	35.72
TOTAL 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 11 OF 54
	<input type="checkbox"/> 11a 12 <input checked="" 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)
PAULA OVERBY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ms PAULA MIRARE MIRARE OVERBY

Mailing Address 835 CLIFF ROAD

City EAGAN	State MN	Zip Code 55123
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FEC ID number of contributing federal political committee. **C H4MN02136**

Name of Employer Professional Transportation, I	Occupation Driver
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Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
491.39

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2013

Transaction ID : SA13A.4270

Amount of Each Receipt this Period
0.64
 printing

B. Full Name (Last, First, Middle Initial)
Ms PAULA MIRARE MIRARE OVERBY

Mailing Address 835 CLIFF ROAD

City EAGAN	State MN	Zip Code 55123
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FEC ID number of contributing federal political committee. **C H4MN02136**

Name of Employer Professional Transportation, I	Occupation Driver
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Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
492.48

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2013

Transaction ID : SA13A.4272

Amount of Each Receipt this Period
1.09
 Printing

C. Full Name (Last, First, Middle Initial)
Ms PAULA MIRARE MIRARE OVERBY

Mailing Address 835 CLIFF ROAD

City EAGAN	State MN	Zip Code 55123
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FEC ID number of contributing federal political committee. **C H4MN02136**

Name of Employer Professional Transportation, I	Occupation Driver
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Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
498.22

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

Transaction ID : SA13A.4273

Amount of Each Receipt this Period
5.74
 Printing

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

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

7.47

**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 12 OF 54
	<input type="checkbox"/> 11a 12 <input checked="" 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)
PAULA OVERBY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ms PAULA MIRARE MIRARE OVERBY

Mailing Address 835 CLIFF ROAD

City EAGAN	State MN	Zip Code 55123
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FEC ID number of contributing federal political committee. **C H4MN02136**

Name of Employer Professional Transportation, I	Occupation Driver
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Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
501.28

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		06		2013

Transaction ID : SA13A.4275

Amount of Each Receipt this Period

3.06

 printing

B. Full Name (Last, First, Middle Initial)
Ms PAULA MIRARE MIRARE OVERBY

Mailing Address 835 CLIFF ROAD

City EAGAN	State MN	Zip Code 55123
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FEC ID number of contributing federal political committee. **C H4MN02136**

Name of Employer Professional Transportation, I	Occupation Driver
--	----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
502.85

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		04		2013

Transaction ID : SA13A.4276

Amount of Each Receipt this Period

1.57

 Printing

C. Full Name (Last, First, Middle Initial)
Ms PAULA MIRARE MIRARE OVERBY

Mailing Address 835 CLIFF ROAD

City EAGAN	State MN	Zip Code 55123
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FEC ID number of contributing federal political committee. **C H4MN02136**

Name of Employer Professional Transportation, I	Occupation Driver
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Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
504.42

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		14		2013

Transaction ID : SA13A.4277

Amount of Each Receipt this Period

1.57

 printing

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

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

6.20

**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 54
	<input type="checkbox"/> 11a 12 <input checked="" 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)
PAULA OVERBY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ms PAULA MIRARE MIRARE OVERBY

Mailing Address 835 CLIFF ROAD

City EAGAN	State MN	Zip Code 55123
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H4MN02136**

Name of Employer Professional Transportation, I	Occupation Driver
--	----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
524.38

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

Transaction ID : SA13A.4278

Amount of Each Receipt this Period
 19.96

sign

B. Full Name (Last, First, Middle Initial)
Ms PAULA MIRARE MIRARE OVERBY

Mailing Address 835 CLIFF ROAD

City EAGAN	State MN	Zip Code 55123
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FEC ID number of contributing federal political committee. **C H4MN02136**

Name of Employer Professional Transportation, I	Occupation Driver
--	----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
533.43

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 25 / 2014

Transaction ID : SA13A.4279

Amount of Each Receipt this Period
 9.05

Printing

C. Full Name (Last, First, Middle Initial)
Ms PAULA MIRARE MIRARE OVERBY

Mailing Address 835 CLIFF ROAD

City EAGAN	State MN	Zip Code 55123
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H4MN02136**

Name of Employer Professional Transportation, I	Occupation Driver
--	----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
542.43

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 17 / 2014

Transaction ID : SA13A.4280

Amount of Each Receipt this Period
 9.00

web site testing

SUBTOTAL of Receipts This Page (optional).....	38.01
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 14 OF 54
<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
PAULA OVERBY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ms PAULA MIRARE MIRARE OVERBY

Mailing Address 835 CLIFF ROAD

City EAGAN State MN Zip Code 55123

FEC ID number of contributing federal political committee. **C H4MN02136**

Name of Employer Professional Transportation, I Occupation Driver

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
545.61

Date of Receipt
M M / D D / Y Y Y Y
03 / 07 / 2014

Transaction ID : SA13A.4281

Amount of Each Receipt this Period
3.18
printing

B. Full Name (Last, First, Middle Initial)
Ms PAULA MIRARE MIRARE OVERBY

Mailing Address 835 CLIFF ROAD

City EAGAN State MN Zip Code 55123

FEC ID number of contributing federal political committee. **C H4MN02136**

Name of Employer Professional Transportation, I Occupation Driver

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
587.38

Date of Receipt
M M / D D / Y Y Y Y
03 / 10 / 2014

Transaction ID : SA13A.4282

Amount of Each Receipt this Period
41.77
Printing

C. Full Name (Last, First, Middle Initial)
Ms PAULA MIRARE MIRARE OVERBY

Mailing Address 835 CLIFF ROAD

City EAGAN State MN Zip Code 55123

FEC ID number of contributing federal political committee. **C H4MN02136**

Name of Employer Professional Transportation, I Occupation Driver

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
603.13

Date of Receipt
M M / D D / Y Y Y Y
03 / 19 / 2014

Transaction ID : SA13A.4283

Amount of Each Receipt this Period
15.75
Printing

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

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

60.70

**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 54
	<input type="checkbox"/> 11a 12 <input checked="" 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)
PAULA OVERBY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ms PAULA MIRARE MIRARE OVERBY

Mailing Address 835 CLIFF ROAD

City EAGAN	State MN	Zip Code 55123
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FEC ID number of contributing federal political committee. **C H4MN02136**

Name of Employer Professional Transportation, I	Occupation Driver
--	----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
609.07

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		04		2014

Transaction ID : SA13A.4284

Amount of Each Receipt this Period

5.94

 printing

B. Full Name (Last, First, Middle Initial)
Ms PAULA MIRARE MIRARE OVERBY

Mailing Address 835 CLIFF ROAD

City EAGAN	State MN	Zip Code 55123
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FEC ID number of contributing federal political committee. **C H4MN02136**

Name of Employer Professional Transportation, I	Occupation Driver
--	----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
859.07

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		25		2014

Transaction ID : SA13A.4285

Amount of Each Receipt this Period

250.00

 Campaign Manager

C. Full Name (Last, First, Middle Initial)
Ms PAULA MIRARE MIRARE OVERBY

Mailing Address 835 CLIFF ROAD

City EAGAN	State MN	Zip Code 55123
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FEC ID number of contributing federal political committee. **C H4MN02136**

Name of Employer Professional Transportation, I	Occupation Driver
--	----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
864.07

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		01		2014

Transaction ID : SA13A.4286

Amount of Each Receipt this Period

5.00

 printing

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

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

260.94

**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 54
	<input type="checkbox"/> 11a 12 <input checked="" 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)
PAULA OVERBY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ms PAULA MIRARE MIRARE OVERBY

Mailing Address 835 CLIFF ROAD

City EAGAN	State MN	Zip Code 55123
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FEC ID number of contributing federal political committee. **C H4MN02136**

Name of Employer Professional Transportation, I	Occupation Driver
--	----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
907.41

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA13A.4287

Amount of Each Receipt this Period
43.34
 printing

B. Full Name (Last, First, Middle Initial)
Ms PAULA MIRARE MIRARE OVERBY

Mailing Address 835 CLIFF ROAD

City EAGAN	State MN	Zip Code 55123
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FEC ID number of contributing federal political committee. **C H4MN02136**

Name of Employer Professional Transportation, I	Occupation Driver
--	----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1049.89

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA13A.4288

Amount of Each Receipt this Period
142.48
 printing

C. Full Name (Last, First, Middle Initial)
Ms PAULA MIRARE MIRARE OVERBY

Mailing Address 835 CLIFF ROAD

City EAGAN	State MN	Zip Code 55123
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H4MN02136**

Name of Employer Professional Transportation, I	Occupation Driver
--	----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1082.01

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 23 / 2014

Transaction ID : SA13A.4289

Amount of Each Receipt this Period
32.12
 printing

SUBTOTAL of Receipts This Page (optional).....	217.94
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 17 OF 54
<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
PAULA OVERBY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ms PAULA MIRARE MIRARE OVERBY

Mailing Address 835 CLIFF ROAD

City EAGAN	State MN	Zip Code 55123
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H4MN02136**

Name of Employer Professional Transportation, I	Occupation Driver
--	----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1402.01

Date of Receipt

M M / D D / Y Y Y Y
06 / 02 / 2014

Transaction ID : SA13A.4290

Amount of Each Receipt this Period

320.00

 filing fee

B. Full Name (Last, First, Middle Initial)
Ms PAULA MIRARE MIRARE OVERBY

Mailing Address 835 CLIFF ROAD

City EAGAN	State MN	Zip Code 55123
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FEC ID number of contributing federal political committee. **C H4MN02136**

Name of Employer Professional Transportation, I	Occupation Driver
--	----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1421.28

Date of Receipt

M M / D D / Y Y Y Y
06 / 20 / 2014

Transaction ID : SA13A.4291

Amount of Each Receipt this Period

19.27

 printing

C. Full Name (Last, First, Middle Initial)
Ms PAULA MIRARE MIRARE OVERBY

Mailing Address 835 CLIFF ROAD

City EAGAN	State MN	Zip Code 55123
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H4MN02136**

Name of Employer Professional Transportation, I	Occupation Driver
--	----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1515.37

Date of Receipt

M M / D D / Y Y Y Y
06 / 27 / 2014

Transaction ID : SA13A.4292

Amount of Each Receipt this Period

94.09

 printing

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

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

433.36
1515.37

**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 18 OF 54		
	<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)
PAULA OVERBY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JOHN DAHL		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 11 Amelia Ct .		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.4237
City West St Pau	State MN	
Zip Code 55118	Purpose of Disbursement In-kind - convention video	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. HONSA-BINDER PRINTING		Date of Disbursement MM / DD / YYYY 02 / 24 / 2014
Mailing Address 320 SPRUCE ST		Amount of Each Disbursement this Period 140.72 Transaction ID : SB17.4337
City SAINT PAUL	State MN	
Zip Code 55101-2445	Purpose of Disbursement letter head	Category/ Type 001
Candidate Name PAULA OVERBY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MN District: 02	

Full Name (Last, First, Middle Initial) C. HONSA-BINDER PRINTING		Date of Disbursement MM / DD / YYYY 02 / 27 / 2014
Mailing Address 320 SPRUCE ST		Amount of Each Disbursement this Period 89.34 Transaction ID : SB17.4338
City SAINT PAUL	State MN	
Zip Code 55101-2445	Purpose of Disbursement half page flyers	Category/ Type 004
Candidate Name PAULA OVERBY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MN District: 02	

SUBTOTAL of Disbursements This Page (optional).....	830.06
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 19 OF 54			
	<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)
PAULA OVERBY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HONSA-BINDER PRINTING		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 320 SPRUCE ST		Amount of Each Disbursement this Period 89.34 Transaction ID : SB17.4346
City SAINT PAUL State MN Zip Code 55101-2445	Purpose of Disbursement half page flyers 004 Category/Type	
Candidate Name PAULA OVERBY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN District: 02		

Full Name (Last, First, Middle Initial) B. HONSA-BINDER PRINTING		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 320 SPRUCE ST		Amount of Each Disbursement this Period 44.13 Transaction ID : SB17.4350
City SAINT PAUL State MN Zip Code 55101-2445	Purpose of Disbursement remit envelopes 003 Category/Type	
Candidate Name PAULA OVERBY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN District: 02		

Full Name (Last, First, Middle Initial) C. JOSH MATHIES		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 9121 Collins Drive NW		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4233
City Ramsey State MN Zip Code 55303-7207	Purpose of Disbursement In-kind - Web site design and maintenance	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1633.47
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 20 OF 54	
	<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)
PAULA OVERBY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mike Meyer Sign Painting		Date of Disbursement MM / DD / YYYY 09 / 07 / 2013
Mailing Address 189 1st Ave N		Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.4300
City Mazeppa	State MN	
Zip Code 55956	Purpose of Disbursement Office sign	Category/ Type 004
Candidate Name PAULA OVERBY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MN District: 02	

Full Name (Last, First, Middle Initial) B. Minnesota Secretary of State		Date of Disbursement MM / DD / YYYY 06 / 02 / 2014
Mailing Address 60 Empire Dr #100		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4364
City St Paul	State MN	
Zip Code 55103	Purpose of Disbursement Candidate registratsion fee	Category/ Type 001
Candidate Name PAULA OVERBY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MN District: 02	

Full Name (Last, First, Middle Initial) c. Office Max		Date of Disbursement MM / DD / YYYY 05 / 23 / 2014
Mailing Address 1271 Promenade Place		Amount of Each Disbursement this Period 32.12 Transaction ID : SB17.4362
City Eagan	State MN	
Zip Code 55121	Purpose of Disbursement campaign signs	Category/ Type 004
Candidate Name PAULA OVERBY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MN District: 02	

SUBTOTAL of Disbursements This Page (optional).....	682.12
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 21 OF 54	
	<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)
PAULA OVERBY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Office Max		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 1271 Promenade Place		Amount of Each Disbursement this Period 19.27 Transaction ID : SB17.4365
City Eagan State MN Zip Code 55121	Purpose of Disbursement Campaign signs 004 Category/Type	
Candidate Name PAULA OVERBY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN District: 02		

Full Name (Last, First, Middle Initial) B. Office Max		Date of Disbursement MM / DD / YYYY 06 / 27 / 2014
Mailing Address 1271 Promenade Place		Amount of Each Disbursement this Period 94.09 Transaction ID : SB17.4367
City Eagan State MN Zip Code 55121	Purpose of Disbursement campaign signs 004 Category/Type	
Candidate Name PAULA OVERBY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN District: 02		

Full Name (Last, First, Middle Initial) C. PsPrint		Date of Disbursement MM / DD / YYYY 02 / 12 / 2014
Mailing Address 1600 East Touhy Avenue		Amount of Each Disbursement this Period 205.55 Transaction ID : SB17.4331
City Des Plaines State IL Zip Code 60018	Purpose of Disbursement print bumper stickers 004 Category/Type	
Candidate Name PAULA OVERBY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN District: 02		

SUBTOTAL of Disbursements This Page (optional).....	318.91
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 22 OF 54			
	<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)
PAULA OVERBY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PsPrint		Date of Disbursement MM / DD / YYYY 03 / 03 / 2014
Mailing Address 1600 East Touhy Avenue		Amount of Each Disbursement this Period 89.48 Transaction ID : SB17.4340
City Des Plaines State IL Zip Code 60018	Purpose of Disbursement Camoaign Stickers 004 Category/Type	
Candidate Name PAULA OVERBY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN District: 02		

Full Name (Last, First, Middle Initial) B. PsPrint		Date of Disbursement MM / DD / YYYY 05 / 03 / 2014
Mailing Address 1600 East Touhy Avenue		Amount of Each Disbursement this Period 43.34 Transaction ID : SB17.4359
City Des Plaines State IL Zip Code 60018	Purpose of Disbursement campaign cards 004 Category/Type	
Candidate Name PAULA OVERBY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN District: 02		

Full Name (Last, First, Middle Initial) C. PsPrint		Date of Disbursement MM / DD / YYYY 05 / 15 / 2014
Mailing Address 1600 East Touhy Avenue		Amount of Each Disbursement this Period 142.48 Transaction ID : SB17.4360
City Des Plaines State IL Zip Code 60018	Purpose of Disbursement campaign cards 004 Category/Type	
Candidate Name PAULA OVERBY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN District: 02		

SUBTOTAL of Disbursements This Page (optional).....	275.30
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 23 OF 54	
	<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)
PAULA OVERBY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WALLACE SWAN			Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2014	
Mailing Address 15 S 1ST ST			Amount of Each Disbursement this Period 249.90	
City MINNEAPOLIS	State MN	Zip Code 55401	Transaction ID : SB17.4196	
Purpose of Disbursement In-kind - CONVENTION EXPENSES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. WALLACE SWAN			Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2014	
Mailing Address 15 S 1ST ST			Amount of Each Disbursement this Period 24.05	
City MINNEAPOLIS	State MN	Zip Code 55401	Transaction ID : SB17.4209	
Purpose of Disbursement In-kind - CANDIDATE FORUM		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. WALLACE SWAN			Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014	
Mailing Address 15 S 1ST ST			Amount of Each Disbursement this Period 19.99	
City MINNEAPOLIS	State MN	Zip Code 55401	Transaction ID : SB17.4211	
Purpose of Disbursement In-kind - fec FILING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	293.94
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 24 OF 54	
	<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)
PAULA OVERBY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WALLACE SWAN		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2014
Mailing Address 15 S 1ST ST		Amount of Each Disbursement this Period 22.41 Transaction ID : SB17.4213
City MINNEAPOLIS	State MN	
Zip Code 55401	Purpose of Disbursement In-kind - CONVENTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. WALLACE SWAN		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2014
Mailing Address 15 S 1ST ST		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4357
City MINNEAPOLIS	State MN	
Zip Code 55401	Purpose of Disbursement Campaign manager	Category/ Type
Candidate Name PAULA OVERBY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: MN District: 02	Other (specify)	

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	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	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1022.41
TOTAL This Period (last page this line number only).....	5056.21

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4260

PAULA OVERBY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)
Ms PAULA MIRARE MIRARE OVERBY

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
835 CLIFF ROAD

City State ZIP Code
EAGAN MN 55123

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
29.99 0.00 29.99

TERMS

Date Incurred Date Due Interest Rate Secured:
06 / 10 / 2013 M M / D D / 12/01/2014 0.25 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 29.99
TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4261

PAULA OVERBY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)
Ms PAULA MIRARE MIRARE OVERBY

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
835 CLIFF ROAD

City State ZIP Code
EAGAN MN 55123

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
20.15 0.00 20.15

TERMS

Date Incurred Date Due Interest Rate Secured:
08 / 12 / 2013 M M / D D / 12/01/2014 0.25 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 20.15
TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4262

PAULA OVERBY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)
Ms PAULA MIRARE MIRARE OVERBY

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
835 CLIFF ROAD

City State ZIP Code
EAGAN MN 55123

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
34.72 0.00 34.72

TERMS

Date Incurred Date Due Interest Rate Secured:
08 / 17 / 2013 M M / D D / 12/01/2014 0.25 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 34.72
TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4263

PAULA OVERBY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)
Ms PAULA MIRARE MIRARE OVERBY

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
835 CLIFF ROAD

City State ZIP Code
EAGAN MN 55123

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
0.75 0.00 0.75

TERMS

Date Incurred Date Due Interest Rate Secured:
08 / 24 / 2013 M M / D D / 12/01/2014 0.25 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 0.75
TOTALS This Period (last page in this line only)..... ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4264

PAULA OVERBY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)
Ms PAULA MIRARE MIRARE OVERBY

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
835 CLIFF ROAD

City State ZIP Code
EAGAN MN 55123

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
19.42 0.00 19.42

TERMS

Date Incurred Date Due Interest Rate Secured:
08 / 27 / 2013 M M / D D / 12/01/2014 0.25 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 19.42
TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4267

PAULA OVERBY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)
Ms PAULA MIRARE MIRARE OVERBY

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
835 CLIFF ROAD

City State ZIP Code
EAGAN MN 55123

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
350.00 0.00 350.00

TERMS

Date Incurred Date Due Interest Rate Secured:
09 / 07 / 2013 M M / D D / 12/01/2014 0.25 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 350.00
TOTALS This Period (last page in this line only)..... ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **PAULA OVERBY FOR CONGRESS** Transaction ID : **SC/10.4268**

LOAN SOURCE Full Name (Last, First, Middle Initial) Ms PAULA MIRARE MIRARE OVERBY	[PERSONAL FUNDS]	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 835 CLIFF ROAD		

City	State	ZIP Code
EAGAN	MN	55123

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20.57	0.00	20.57

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 10 / 2013	12/01/2014	0.25 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	20.57
TOTALS This Period (last page in this line only).....	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **PAULA OVERBY FOR CONGRESS** Transaction ID : **SC/10.4269**

LOAN SOURCE Full Name (Last, First, Middle Initial) Ms PAULA MIRARE MIRARE OVERBY	[PERSONAL FUNDS]	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 835 CLIFF ROAD		

City	State	ZIP Code
EAGAN	MN	55123

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
11.00	0.00	11.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 09 / D 12 / Y 2013	M M / D D / Y 12/01/2014	0.25 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px" type="text"/>

SUBTOTALS This Period This Page (optional).....	11.00
TOTALS This Period (last page in this line only).....	<input style="width:150px" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4271

PAULA OVERBY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)
Ms PAULA MIRARE MIRARE OVERBY

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
835 CLIFF ROAD

City State ZIP Code
EAGAN MN 55123

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
4.15 0.00 4.15

TERMS

Date Incurred Date Due Interest Rate Secured:
09 / 26 / 2013 M M / D D / 12/01/2014 0.25 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 4.15
TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **PAULA OVERBY FOR CONGRESS** Transaction ID : **SC/10.4270**

LOAN SOURCE Full Name (Last, First, Middle Initial) Ms PAULA MIRARE MIRARE OVERBY	[PERSONAL FUNDS]	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 835 CLIFF ROAD		

City	State	ZIP Code
EAGAN	MN	55123

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
0.64	0.00	0.64

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
M 09	D 27	Y 2013	M M / D D / Y 12/01/2014	0.25 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	0.64
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **PAULA OVERBY FOR CONGRESS** Transaction ID : **SC/10.4272**

LOAN SOURCE Full Name (Last, First, Middle Initial) Ms PAULA MIRARE MIRARE OVERBY	[PERSONAL FUNDS]	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 835 CLIFF ROAD		

City	State	ZIP Code
EAGAN	MN	55123

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1.09	0.00	1.09

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 29 / 2013	12/01/2014	0.25 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	1.09
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **PAULA OVERBY FOR CONGRESS** Transaction ID : **SC/10.4273**

LOAN SOURCE Full Name (Last, First, Middle Initial) Ms PAULA MIRARE MIRARE OVERBY	[PERSONAL FUNDS]	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 835 CLIFF ROAD		

City	State	ZIP Code
EAGAN	MN	55123

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5.74	0.00	5.74

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 10 / D 02 / Y 2013	M M / D D / Y 12/01/2014	0.25 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....	5.74
TOTALS This Period (last page in this line only).....	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **PAULA OVERBY FOR CONGRESS** Transaction ID : **SC/10.4275**

LOAN SOURCE Full Name (Last, First, Middle Initial) Ms PAULA MIRARE MIRARE OVERBY	[PERSONAL FUNDS]	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 835 CLIFF ROAD		

City	State	ZIP Code
EAGAN	MN	55123

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3.06	0.00	3.06

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 10 / D 06 / Y 2013	M M / D D / Y 12/01/2014	0.25 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....	<input style="width: 100%;" type="text" value="3.06"/>
TOTALS This Period (last page in this line only).....	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4276

PAULA OVERBY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)
Ms PAULA MIRARE MIRARE OVERBY

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
835 CLIFF ROAD

City State ZIP Code
EAGAN MN 55123

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
1.57 0.00 1.57

TERMS

Date Incurred Date Due Interest Rate Secured:
M 11 / D 04 / Y 2013 M M / D D / Y 12/01/2014 0.25 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 1.57
TOTALS This Period (last page in this line only)..... ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4277

PAULA OVERBY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)
Ms PAULA MIRARE MIRARE OVERBY

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
835 CLIFF ROAD

City State ZIP Code
EAGAN MN 55123

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
1.57 0.00 1.57

TERMS

Date Incurred Date Due Interest Rate Secured:
M 11 / D 14 / Y 2013 M M / D D / Y 12/01/2014 0.25 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 1.57
TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4278

PAULA OVERBY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)
Ms PAULA MIRARE MIRARE OVERBY

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
835 CLIFF ROAD

City State ZIP Code
EAGAN MN 55123

Original Amount of Loan 19.96	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 19.96
----------------------------------	------------------------------------	--

TERMS

Date Incurred: M 12 / D 19 / Y 2013
Date Due: M / D / Y 12/01/2014
Interest Rate: 0.25 % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ [] 19.96
TOTALS This Period (last page in this line only)..... ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4279

PAULA OVERBY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)
Ms PAULA MIRARE MIRARE OVERBY

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
835 CLIFF ROAD

City State ZIP Code
EAGAN MN 55123

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
9.05 0.00 9.05

TERMS

Date Incurred Date Due Interest Rate Secured:
01 / 25 / 2014 M M / D D / 12/01/2014 0.25 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 9.05
TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4280

PAULA OVERBY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)
Ms PAULA MIRARE MIRARE OVERBY

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
835 CLIFF ROAD

City State ZIP Code
EAGAN MN 55123

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
9.00 0.00 9.00

TERMS

Date Incurred Date Due Interest Rate Secured:
02 / 17 / 2014 M M / D D / 12/01/2014 0.25 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 9.00
TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **PAULA OVERBY FOR CONGRESS** Transaction ID : **SC/10.4281**

LOAN SOURCE Full Name (Last, First, Middle Initial) Ms PAULA MIRARE MIRARE OVERBY	[PERSONAL FUNDS]	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 835 CLIFF ROAD		

City	State	ZIP Code
EAGAN	MN	55123

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3.18	0.00	3.18

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
03 / 07 / 2014	12/01/2014	0.25 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	3.18
TOTALS This Period (last page in this line only).....	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **PAULA OVERBY FOR CONGRESS** Transaction ID : **SC/10.4282**

LOAN SOURCE Full Name (Last, First, Middle Initial) Ms PAULA MIRARE MIRARE OVERBY	[PERSONAL FUNDS]	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 835 CLIFF ROAD		

City	State	ZIP Code
EAGAN	MN	55123

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
41.77	0.00	41.77

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 10 / Y 2014	M M / D D / Y 12/01/2014	0.25 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	<input type="text" value="41.77"/>
TOTALS This Period (last page in this line only).....	<input type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **PAULA OVERBY FOR CONGRESS** Transaction ID : **SC/10.4283**

LOAN SOURCE Full Name (Last, First, Middle Initial) Ms PAULA MIRARE MIRARE OVERBY	[PERSONAL FUNDS]	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 835 CLIFF ROAD		

City	State	ZIP Code
EAGAN	MN	55123

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15.75	0.00	15.75

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
03 / 19 / 2014	12/01/2014	0.25 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	15.75
TOTALS This Period (last page in this line only).....	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **PAULA OVERBY FOR CONGRESS** Transaction ID : **SC/10.4284**

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2014
Ms PAULA MIRARE MIRARE OVERBY
 Primary
 General
 Other (specify) ▼

Mailing Address
835 CLIFF ROAD

City State ZIP Code
EAGAN MN 55123

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5.94	0.00	5.94

TERMS

Date Incurred: M 04 / D 04 / Y 2014
Date Due: M M / D D / Y 12/01/2014
Interest Rate: 0.25 % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ [] 5.94

TOTALS This Period (last page in this line only)..... ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4285

PAULA OVERBY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)
Ms PAULA MIRARE MIRARE OVERBY

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
835 CLIFF ROAD

City State ZIP Code
EAGAN MN 55123

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
250.00 0.00 250.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 04 / D 25 / Y 2014 M M / D D / Y 12/01/2014 0.25 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 250.00
TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4286

PAULA OVERBY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)
Ms PAULA MIRARE MIRARE OVERBY

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
835 CLIFF ROAD

City State ZIP Code
EAGAN MN 55123

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
5.00 0.00 5.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 05 / D 01 / Y 2014 M M / D D / Y 12/01/2014 0.25 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 5.00
TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **PAULA OVERBY FOR CONGRESS** Transaction ID : **SC/10.4287**

LOAN SOURCE Full Name (Last, First, Middle Initial) Ms PAULA MIRARE MIRARE OVERBY	[PERSONAL FUNDS]	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 835 CLIFF ROAD		

City	State	ZIP Code
EAGAN	MN	55123

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
43.34	0.00	43.34

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 05 / D 15 / Y 2014	M M / D D / Y 12/01/2014	0.25 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....	43.34
TOTALS This Period (last page in this line only).....	<input style="width: 100%;" type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : **SC/10.4288**

PAULA OVERBY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)
Ms PAULA MIRARE MIRARE OVERBY

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
835 CLIFF ROAD

City State ZIP Code
EAGAN MN 55123

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
142.48 0.00 142.48

TERMS

Date Incurred Date Due Interest Rate Secured:
M 05 / D 15 / Y 2014 M M / D D / Y 12/01/2014 0.25 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....
TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **PAULA OVERBY FOR CONGRESS** Transaction ID : **SC/10.4289**

LOAN SOURCE Full Name (Last, First, Middle Initial) Ms PAULA MIRARE MIRARE OVERBY	[PERSONAL FUNDS]	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 835 CLIFF ROAD		

City	State	ZIP Code
EAGAN	MN	55123

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
32.12	0.00	32.12

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 05 / D 23 / Y 2014	M / D / Y 12/01/2014	0.25 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	32.12
TOTALS This Period (last page in this line only).....	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4290

PAULA OVERBY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)
Ms PAULA MIRARE MIRARE OVERBY

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
835 CLIFF ROAD

City State ZIP Code
EAGAN MN 55123

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
320.00 0.00 320.00

TERMS

Date Incurred Date Due Interest Rate Secured:
06 / 02 / 2014 M M / D D / 12/01/2014 0.25 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 320.00
TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **PAULA OVERBY FOR CONGRESS** Transaction ID : **SC/10.4291**

LOAN SOURCE Full Name (Last, First, Middle Initial) Ms PAULA MIRARE MIRARE OVERBY	[PERSONAL FUNDS]	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 835 CLIFF ROAD		

City	State	ZIP Code
EAGAN	MN	55123

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
19.27	0.00	19.27

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
06 / 20 / 2014	12/01/2014	0.25 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	19.27
TOTALS This Period (last page in this line only).....	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **PAULA OVERBY FOR CONGRESS** Transaction ID : **SC/10.4292**

LOAN SOURCE Full Name (Last, First, Middle Initial) Ms PAULA MIRARE MIRARE OVERBY	[PERSONAL FUNDS]	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 835 CLIFF ROAD		

City	State	ZIP Code
EAGAN	MN	55123

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
94.09	0.00	94.09

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
06 / 27 / 2014	12/01/2014	0.25 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....	94.09
TOTALS This Period (last page in this line only).....	1515.37

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.