FFC I	AND DIS			Office	use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT	▼	Example: If typing, type over the lines.	12FE4M5	
		S			
ADDRESS (number and street)	835 CLIFF RD				
Check if different than previously				MN55123	
reported. (ACC)					
2. FEC IDENTIFICATION N	UMBER 🔻			STATE	ZIP CODE ▲ STATE ▼ DISTRICT
C C00548727		3. IS THIS REPORT	× NEW (N) OR	AMENDED (A)	
<ul> <li>4. TYPE OF REPORT (Cr</li> <li>(a) Quarterly Reports:</li> <li>April 15 Quarterly</li> <li>July 15 Quarterly F</li> <li>October 15 Quarter</li> <li>January 31 Year-Er</li> <li>Termination Report</li> </ul>	Report (Q1) Report (Q2) rly Report (Q3) nd Report (YE)	Election	General (30G)	General (12G) Special (12S)	Runoff (12R) in the State of Special (30S) in the State of
5. Covering Period	6 / D D /	Y Y Y Y 2013	through		Y Y Y 2014
I certify that I have examined th Type or Print Name of Treasure		-	-	is true, correct and com	plete.
Signature of Treasurer Ms	PAULA MIRARE MIR.	ARE OVERBY	[Electronically Filed]	Date	14 / Y Y Y Y 2014
NOTE: Submission of false, erron	eous, or incomplete	e information m	ay subject the person sign	ing this Report to the per	nalties of 2 U.S.C. §437g.
Office Use Only					EC FORM 3 Revised 02/2003)

07/14/2014 12 : 43

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Image# 14961566544

SUMMARY PAGE

PAGE 2 / 54

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

## Write or Type Committee Name PAULA OVERBY FOR CONGRESS

F	Repor	t Covering the Period: From:	06 / D D / Y Y Y Y 06 10 / 2013 To:	M M / D D / Y Y Y Y Y 06 30 / 2014
			COLUMN A This Period	COLUMN B Election Cycle-to-Date
6.	Net	t 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	t 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.		sh on Hand at Close of porting Period (from Line 27)	350.47	
9.	the	ots and Obligations Owed <b>TO</b> Committee (Itemize all on nedule C and/or Schedule D)	0.00	
10	the	ots and Obligations Owed <b>BY</b> Committee (Itemize all on nedule 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

Image# 14961566546		
Г	DETAILED SUMMARY PAGE	_
FEC Form 3 (Revised 12/2003)	of Receipts	PAGE 3 / 54
Write or Type Committee Name		
PAULA OVERBY FOR CONGRE	ESS	
Report Covering the Period: From:	M M / D D / Y Y Y Y 06 / 10 / 2013 To:	M         M         /         D         D         /         Y
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM	Л:	
(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
<ul><li>13. LOANS:</li><li>(a) Made or Guaranteed by the</li></ul>		
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

of Disbursements PAGE 4 / 54 FEC Form 3 (Revised 02/2003) COLUMN A COLUMN B **II. DISBURSEMENTS Total This Period Election Cycle-to-Date** 6475.34 6475.34 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES ..... 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 0.00 by the Candidate..... 0.00 0.00 (b) Of All Other Loans ..... (c) TOTAL LOAN REPAYMENTS 0.00 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: Individuals/Persons Other (a) 0.00 0.00 Than Political Committees ..... 0.00 0.00 (b) Political Party Committees..... Other Political Committees (c) 0.00 0.00 (such as PACs) ..... (d) TOTAL CONTRIBUTION REFUNDS 0.00 0.00 (add Lines 20(a), (b), and (c))..... 0.00 0.00 21. OTHER DISBURSEMENTS ..... 22. TOTAL DISBURSEMENTS 6475.34 6475.34 (add Lines 17, 18, 19(c), 20(d), and 21) **III. CASH SUMMARY** 

**DETAILED SUMMARY PAGE** 

23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD		7		7	0.00	
24	TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)		7		7	6825.81	
25.	SUBTOTAL (add Line 23 and Line 24)		7		7	6825.81	
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		7		7	6475.34	
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)		7		7	350.47	

Image# 14961566547

<b>IT</b>	CHEDULE A (FEC Form 3) EMIZED RECEIPTS	Statements m	Use separate schedule(s) for each category of the Detailed Summary Page nav not be sold or used by any	FOR LINE NUMBER:       PAGE       5       OF       54         (check only one)       Image: Second structure       Image: Second structure
		ne name and		ee to solicit contributions from such committee.
<u> </u>	Full Name (Last, First, Middle Initial) JOHN DAHL Mailing Address 11 Amelia Ct .			Date of Receipt
	City West St Pau	State MN	Zip Code 55118	M         M         /         D         D         /         Y
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer Town Square TV	Occupation Producer		In-kind - convention video
	Receipt For: 2014 Primary X General Other (specify)	Election C	ycle-to-Date 600.00	1
В.	Full Name (Last, First, Middle Initial) JEANNETTE HARRINGTON Mailing Address 13972 FALCON AVE			Date of Receipt
	City	State	Zip Code	10 03 2013 Transaction ID : SA11AI.4151
	APPLE VALLEY FEC ID number of contributing federal political committee.	C	55124-3312	Amount of Each Receipt this Period
	Name of Employer RETIRED Receipt For: 2014	Occupation NA		500.00
	Primary X General Other (specify)		ycle-to-Date 500.00	]
<u>с</u> .	Full Name (Last, First, Middle Initial) JOSH MATHIES			Date of Receipt
	Mailing Address 9121 Collins Drive NW		Zip Code	M         M         /         D         D         /         Y
	Ramsey FEC ID number of contributing	MN	55303-7207	
	federal political committee.	Occupation		Amount of Each Receipt this Period
	Anoka Ramsey Community College Receipt For: 2014 Primary X General Other (specify)	CLA	ycle-to-Date	In-kind - Web site design and maintenance
s	UBTOTAL of Receipts This Page (optional)			2600.00
т	OTAL This Period (last page this line number	only)		, ,

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         6         0F         54           (check only one)         X         11a         11b         11c         11d           12         13a         13b         14         15
				person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) PAULA OVERBY FOR CONGE			
Α.	Full Name (Last, First, Middle Initial) WALLACE SWAN			Date of Receipt
	Mailing Address 15 S 1ST ST			03 22 2014
	City MINNEAPOLIS	State MN	Zip Code 55401	Transaction ID : SA11AI.4195
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer self	Occupation author	ſ	In-kind - CONVENTION EXPENSES
	Receipt For: 2014	Election C	ycle-to-Date	
	Primary X General Other (specify)		436.74	]
в.	Full Name (Last, First, Middle Initial) WALLACE SWAN			Date of Receipt
	Mailing Address 15 S 1ST ST	04 05 2014		
	City MINNEAPOLIS	State MN	Zip Code 55401	Transaction ID : SA11AI.4208
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	1	24.05
	self	author		In-kind - CANDIDATE FORUM
	Receipt For: 2014 Primary X General	Election C	ycle-to-Date	
	Other (specify)		460.79	
c.	Full Name (Last, First, Middle Initial) WALLACE SWAN			Date of Receipt
	Mailing Address 15 S 1ST ST			M M / D D / Y Y Y Y 04 11 2014
		State MN	Zip Code	Transaction ID : SA11AI.4210
	MINNEAPOLIS	IVIIN	55401	_
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	٦	19.99
	self Receipt For: 2014	author	ycle-to-Date	In-kind - fec FILING
	Primary X General	Liection O		
	Other (specify)		480.78	
s	UBTOTAL of Receipts This Page (optional)			293.94
1	OTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS	Statements n	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE       7       OF       54         (check only one)       I1a       11b       11c       11d         12       13a       13b       14       15         person for the purpose of soliciting contributions ee to solicit contributions from such committee.       6       6		
	NAME OF COMMITTEE (In Full) PAULA OVERBY FOR CONGR					
Α.	Full Name (Last, First, Middle Initial) WALLACE SWAN Mailing Address 15 S 1ST ST	Date of Receipt				
	City MINNEAPOLIS	State MN	Zip Code 55401	Transaction ID : SA11AI.4212		
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period		
	Name of Employer self	Occupation author	n	In-kind - CONVENTION		
	Receipt For: 2014 Primary X General Other (specify)	Election C	ycle-to-Date 503.19	]		
В.	Mailing Address			Date of Receipt		
	City	State	Zip Code			
	FEC ID number of contributing federal political committee.	C	n	Amount of Each Receipt this Period		
	Receipt For: Primary General Other (specify)	Election C	ycle-to-Date	]		
с.	Full Name (Last, First, Middle Initial)			Date of Receipt		
0.	Mailing Address City	State	Zip Code			
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period		
	Name of Employer	Occupation	n			
	Receipt For: Primary General Other (specify)	Election C	ycle-to-Date	]		
F	<b>SUBTOTAL</b> of Receipts This Page (optional)			22.41		

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         8         OF         54           (check only one)         11a         11b         11c         11d           11a         11b         11c         11d         11d           12         X         13a         13b         14         15
				person for the purpose of soliciting contributions se to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) PAULA OVERBY FOR CONGR		address of any pointour commu	
	Full Name (Last, First, Middle Initial) Ms PAULA MIRARE MIRARE OVE	RBY		
Α.	Mailing Address 835 CLIFF ROAD			Date of Receipt
	City EAGAN	State MN	Zip Code 55123	Transaction ID : SA13A.4260
	FEC ID number of contributing federal political committee.	С н4	MN02136	Amount of Each Receipt this Period
	Name of Employer Professional Transportation, I	Occupation Driver	ſ	Printing costs
	Receipt For: 2014 Primary X General	Election C	ycle-to-Date	1
	Other (specify)	L	29.99	
В.	Full Name (Last, First, Middle Initial) Ms PAULA MIRARE MIRARE OV	ERBY		Date of Receipt
	Mailing Address 835 CLIFF ROAD			08 / Y Y Y Y 08 12 2013
	City EAGAN	State MN	Zip Code 55123	Transaction ID : SA13A.4261
	FEC ID number of contributing federal political committee.	С на	MN02136	Amount of Each Receipt this Period
	Name of Employer	Occupation	1	
	Professional Transportation, I	Driver		badges
	Receipt For: 2014	Election C	ycle-to-Date	_
	Other (specify)		50.14	
c.	Full Name (Last, First, Middle Initial) Ms PAULA MIRARE MIRARE C	VERBY		Date of Receipt
	Mailing Address 835 CLIFF ROAD			M         M         /         D         D         /         Y
	City EAGAN	State MN	Zip Code 55123	Transaction ID : SA13A.4262
	FEC ID number of contributing federal political committee.	С н4	MN02136	Amount of Each Receipt this Period
Name of EmployerOccupationProfessional Transportation, IDriver		Occupation	۱	34.72
			badges	
			ycle-to-Date	
	Primary X General Other (specify)		84.86	]
	UBTOTAL of Receipts This Page (optional)			84.86
11	<b>OTAL</b> This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         9         0F         54           (check only one)         11a         11b         11c         11d           11a         11b         11c         11d         11d           12         X         13a         13b         14         15			
Ar	y information copied from such Reports and to for commercial purposes, other than using the	Statements m	nay not be sold or used by any	person for the purpose of soliciting contributions ee to solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full) PAULA OVERBY FOR CONGR						
۲ ۸.	Full Name (Last, First, Middle Initial) Ms PAULA MIRARE MIRARE OVE Mailing Address 835 CLIFF ROAD	RBY		Date of Receipt			
	City EAGAN	State MN	Zip Code 55123	08 24 2013 Transaction ID : SA13A.4263			
	FEC ID number of contributing federal political committee.	С н4	MN02136	Amount of Each Receipt this Period			
	Name of Employer Professional Transportation, I	Occupation Driver		printing			
	Receipt For: 2014 Primary X General Other (specify)	Election C	ycle-to-Date 85.61	]			
В.	Full Name (Last, First, Middle Initial) Ms PAULA MIRARE MIRARE OV	ERBY		Date of Receipt			
	Mailing Address 835 CLIFF ROAD	08 27 2013					
	City EAGAN	State MN	Zip Code 55123	Transaction ID : SA13A.4264			
	FEC ID number of contributing federal political committee.	С ни	MN02136	Amount of Each Receipt this Period			
	Name of Employer	Occupation	1				
	Professional Transportation, I	Driver		Priniting snd postage			
	Receipt For: 2014	Election C	ycle-to-Date				
	Primary X General Other (specify)		105.03				
c.	Full Name (Last, First, Middle Initial) Ms PAULA MIRARE MIRARE C	VERBY		Date of Receipt			
0.	Mailing Address 835 CLIFF ROAD			09 07 2013			
	City EAGAN	State MN	Zip Code 55123	Transaction ID : SA13A.4267			
	FEC ID number of contributing federal political committee.		MN02136	Amount of Each Receipt this Period			
			1	350.00			
Professional Transportation, I		Driver		sign			
	Receipt For: 2014 Primary X General Other (specify)	Election C	ycle-to-Date 455.03	]			
F	UBTOTAL of Receipts This Page (optional)			370.17			

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS	Notomonto	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE       10       OF       54         (check only one)       11a       11b       11c       11d         11a       11b       11c       11d       11d         12       X       13a       13b       14       15         person for the purpose of soliciting contributions				
		e name and a		berson for the purpose of soliciting contributions ee to solicit contributions from such committee.				
Α.	A. Full Name (Last, First, Middle Initial) Ms PAULA MIRARE MIRARE OVERBY Mailing Address 835 CLIFF ROAD			Date of Receipt				
	City EAGAN	State MN	Zip Code 55123	09 10 2013 Transaction ID : SA13A.4268				
	FEC ID number of contributing federal political committee.	С н4	MN02136	Amount of Each Receipt this Period				
	Name of Employer Professional Transportation, I Receipt For: 2014	Occupation Driver		Printing				
	Primary X General Other (specify)		ycle-to-Date 475.60	1				
В.	Full Name (Last, First, Middle Initial) Ms PAULA MIRARE MIRARE OV Mailing Address 835 CLIFF ROAD	ERBY		Date of Receipt				
	City State Zip Code			09 12 2013 Transaction ID : SA13A.4269				
	EAGAN FEC ID number of contributing federal political committee.	MN C H4I	55123 MN02136	Amount of Each Receipt this Period				
	Name of Employer Professional Transportation, I	Occupation Driver		Printing 11.00				
	Receipt For: 2014 Primary X General Other (specify)	Election C	ycle-to-Date 486.60	1				
С.	Full Name (Last, First, Middle Initial) Ms PAULA MIRARE MIRARE O	VERBY		Date of Receipt				
	City State EAGAN Mailing Address 835 CLIFF ROAD		Zip Code	09 26 2013 Transaction ID : SA13A.4271				
			55123 MN02136	Amount of Each Receipt this Period				
	Name of Employer Professional Transportation, I	Occupatior Driver		4.15 Printing				
	Receipt For: 2014 Primary X General Other (specify)	Election C	ycle-to-Date 490.75					
s	UBTOTAL of Receipts This Page (optional)			35.72				
1	OTAL This Period (last page this line number	only)						

<b>IT</b> Ar				FOR LINE NUMBER:       PAGE       11       OF       54         (check only one)       11a       11b       11c       11d         11a       11b       11c       11d       11d         12       X       13a       13b       14       15         person for the purpose of soliciting contributions
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full) PAULA OVERBY FOR CONGR		address of any political committe	ee to solicit contributions from such committee.
A. Full Name (Last, First, Middle Initial) Ms PAULA MIRARE MIRARE OVERBY Mailing Address 835 CLIFF ROAD		<b>RBY</b> State	Zip Code	Date of Receipt
	City EAGAN	MN	55123	Transaction ID : SA13A.4270
	FEC ID number of contributing federal political committee.	Сни	MN02136	Amount of Each Receipt this Period
	Name of Employer Professional Transportation, I	Occupation Driver	1	printing
	Receipt For: 2014 Primary X General Other (specify)	Election C	ycle-to-Date 491.39	]
В.	Full Name (Last, First, Middle Initial) Ms PAULA MIRARE MIRARE OVE Mailing Address 835 CLIFF ROAD	ERBY		Date of Receipt
	Maining Address 835 CLIFF ROAD			09 29 2013
	City EAGAN	State MN	Zip Code 55123	Transaction ID : SA13A.4272
	FEC ID number of contributing federal political committee.	С нам	MN02136	Amount of Each Receipt this Period
	Name of Employer	Occupation	1	1.09
	Professional Transportation, I	Driver		Printing
	Receipt For: 2014	Election C	ycle-to-Date	
	Primary X General Other (specify)		492.48	]
с.	Full Name (Last, First, Middle Initial) Ms PAULA MIRARE MIRARE O	VERBY		Date of Receipt
0.	Mailing Address 835 CLIFF ROAD			10 02 2013
	City EAGAN	State MN	Zip Code	Transaction ID : SA13A.4273
		IVIIN	55123	
FEC ID number of contributing federal political committee.			MN02136	Amount of Each Receipt this Period
		Occupation	1	
	Professional Transportation, I Receipt For: 2014	Driver	ala la Dala	Printing
	Primary X General Other (specify)		ycle-to-Date 498.22	1
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number c			7,47

<b>IT</b> Ar				FOR LINE NUMBER:       PAGE       12       OF       54         (check only one)       11a       11b       11c       11d         12       X       13a       13b       14       15         person for the purpose of soliciting contributions to solicit contributions from such committee.       54
	NAME OF COMMITTEE (In Full) PAULA OVERBY FOR CONGR	ESS		
Α.	A. Full Name (Last, First, Middle Initial) Ms PAULA MIRARE MIRARE OVERBY Mailing Address 835 CLIFF ROAD		Zip Code	Date of Receipt
	EAGAN	MN	55123	
	FEC ID number of contributing federal political committee.	С ни	MN02136	Amount of Each Receipt this Period
	Name of Employer Professional Transportation, I	Occupation Driver	1	printing 3.06
	Receipt For: 2014	Election C	ycle-to-Date	
	Primary X General Other (specify)		501.28	
в.	Full Name (Last, First, Middle Initial) Ms PAULA MIRARE MIRARE OVE	ERBY		Date of Receipt
	Mailing Address 835 CLIFF ROAD			11 04 2013
	City EAGAN	State MN	Zip Code 55123	Transaction ID : SA13A.4276
	FEC ID number of contributing federal political committee.	С на	MN02136	Amount of Each Receipt this Period
	Name of Employer	Occupation	1	1.57
	Professional Transportation, I	Driver		Printing
	Receipt For: 2014	Election C	ycle-to-Date	
	Primary X General Other (specify)		502.85	
c.	Full Name (Last, First, Middle Initial) Ms PAULA MIRARE MIRARE O	VERBY		Date of Receipt
	Mailing Address 835 CLIFF ROAD			M M / D D / Y Y Y Y 11 14 2013
	City	State	Zip Code	Transaction ID : SA13A.4277
	EAGAN	MN	55123	
	FEC ID number of contributing federal political committee.		MN02136	Amount of Each Receipt this Period
Name of Employer 0		Occupation	1	1.57
	Professional Transportation, I	Driver		printing
	Receipt For: 2014 Primary X General Other (specify)	Election C	ycle-to-Date 504.42	
s	UBTOTAL of Receipts This Page (optional)			6.20
T	OTAL This Period (last page this line number of	only)		

<b>IT</b> Ar				FOR LINE NUMBER:       PAGE       13       OF       54         (check only one)       11a       11b       11c       11d         12       X       13a       13b       14       15         Derson for the purpose of soliciting contributions to solicit contributions from such committee.       54
	NAME OF COMMITTEE (In Full) PAULA OVERBY FOR CONGR			
Α.	Full Name (Last, First, Middle Initial) Ms PAULA MIRARE MIRARE OVEI Mailing Address 835 CLIFF ROAD		7. 0. /	Date of Receipt
	City State EAGAN MN		Zip Code 55123	Transaction ID : SA13A.4278
	FEC ID number of contributing federal political committee.	С н4	MN02136	Amount of Each Receipt this Period
	Name of Employer Professional Transportation, I	Occupation Driver	1	
	Receipt For: 2014 Primary X General Other (specify)	Election C	ycle-to-Date 524.38	
В.	Full Name (Last, First, Middle Initial) Ms PAULA MIRARE MIRARE OV Mailing Address 835 CLIFF ROAD	ERBY		Date of Receipt
	-		Zip Code 55123	01 25 2014 Transaction ID : SA13A.4279
	FEC ID number of contributing federal political committee.		MN02136	Amount of Each Receipt this Period
	Name of Employer	Occupation	1	9.05
	Professional Transportation, I	Driver		Printing
	Receipt For: 2014 Primary X General Other (specify)	Election Cycle-to-Date 533.43		
с.	Full Name (Last, First, Middle Initial) Ms PAULA MIRARE MIRARE O	VERBY		Date of Receipt
	Mailing Address 835 CLIFF ROAD			02 17 Y Y Y Y 02 17 2014
	City EAGAN	State MN	Zip Code 55123	Transaction ID : SA13A.4280
	FEC ID number of contributing federal political committee.	С н4	MN02136	Amount of Each Receipt this Period
	Name of Employer	Occupation	1	9.00
	Professional Transportation, I Dri Receipt For: 2014 Ele		usla ta Data	web site testing
	Primary X General Other (specify)		ycle-to-Date 542.43	
s	UBTOTAL of Receipts This Page (optional)			38.01
-	OTAL This Period (last page this line number	only)		

<b>IT</b> An				FOR LINE NUMBER:       PAGE       14       OF       54         (check only one)       11a       11b       11c       11d         12       X       13a       13b       14       15         person for the purpose of soliciting contributions et to solicit contributions from such committee.       54
	NAME OF COMMITTEE (In Full) PAULA OVERBY FOR CONGR			
Α.	A. Full Name (Last, First, Middle Initial) Ms PAULA MIRARE MIRARE OVERBY Mailing Address 835 CLIFF ROAD City State Zip Code EAGAN MN 55123			Date of Receipt
			•	Transaction ID : SA13A.4281
	FEC ID number of contributing federal political committee.	С н4	MN02136	Amount of Each Receipt this Period
	Name of Employer Professional Transportation, I	Occupation Driver	1	printing
	Receipt For: 2014 Primary X General Other (specify)	Election C	ycle-to-Date 545.61	
В.	Full Name (Last, First, Middle Initial) Ms PAULA MIRARE MIRARE OV Mailing Address 835 CLIFF ROAD	ERBY		Date of Receipt
	City EAGAN	State MN	Zip Code 55123	03 10 2014 Transaction ID : SA13A.4282
	FEC ID number of contributing federal political committee.	С н4	MN02136	Amount of Each Receipt this Period
	Name of Employer Professional Transportation, I	Occupation Driver		Printing
	Receipt For: 2014 Primary X General Other (specify)	Election Cycle-to-Date 587.38		
c.	Full Name (Last, First, Middle Initial) Ms PAULA MIRARE MIRARE O	VERBY		Date of Receipt
Mailing Address 835 CLIFF ROAD		State	Zip Code	M         M         /         D         D         /         Y
	EAGAN FEC ID number of contributing federal political committee.	мN С н4	55123 MN02136	Amount of Each Receipt this Period
	Name of Employer Professional Transportation, I Receipt For: 2014	Occupation Driver		Printing
	Primary X General Other (specify)		603.13	
	<b>UBTOTAL</b> of Receipts This Page (optional) <b>OTAL</b> This Period (last page this line number			60.70

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         15         OF         54           (check only one)         11a         11b         11c         11d           11a         11b         11c         11d         11d           12         X         13a         13b         14         15	
		e name and a		person for the purpose of soliciting contributions be to solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Ms PAULA MIRARE MIRARE OVE Mailing Address 835 CLIFF ROAD	RBY		Date of Receipt
	City EAGAN	State MN	Zip Code 55123	Transaction ID : SA13A.4284
	FEC ID number of contributing federal political committee.	Сни	MN02136	Amount of Each Receipt this Period
	Name of Employer Professional Transportation, I	Occupation Driver	1	printing 5.94
	Receipt For: 2014 Primary X General Other (specify)	Election C	ycle-to-Date 609.07	
в.	Full Name (Last, First, Middle Initial) Ms PAULA MIRARE MIRARE OV Mailing Address 835 CLIFF ROAD	ERBY		Date of Receipt
	City State Zip Code			04 25 2014 Transaction ID : SA13A.4285
	EAGAN FEC ID number of contributing federal political committee.	MN C H4	55123 MN02136	Amount of Each Receipt this Period
	Name of Employer Professional Transportation, I	Occupation Driver		Campaign Manager
	Receipt For: 2014 Primary X General Other (specify)	Election Cycle-to-Date 859.07		1
c.	Full Name (Last, First, Middle Initial) Ms PAULA MIRARE MIRARE O	VERBY		Date of Receipt
	Mailing Address 835 CLIFF ROAD	State	Zip Code	05 01 / Y Y Y Y 2014
	EAGAN	MN	55123	Transaction ID : SA13A.4286
	FEC ID number of contributing federal political committee.	С н4	MN02136	Amount of Each Receipt this Period
Professional Transportation, I Driver				printing
	Primary X General Other (specify)	Election Cycle-to-Date 864.07		
s	UBTOTAL of Receipts This Page (optional)			260.94
-	OTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         16         OF         54           (check only one)         11a         11b         11c         11d           12         X         13a         13b         14         15	
				person for the purpose of soliciting contributions are to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) PAULA OVERBY FOR CONGR	ESS		
Α.	Full Name (Last, First, Middle Initial) Ms PAULA MIRARE MIRARE OVE	RBY		Date of Receipt
А.	Mailing Address 835 CLIFF ROAD			05 15 2014
	City EAGAN	State MN	Zip Code 55123	Transaction ID : SA13A.4287
	FEC ID number of contributing federal political committee.	С на	MN02136	Amount of Each Receipt this Period
	Name of Employer Professional Transportation, I	Occupation Driver	1	printing 43.34
	Receipt For: 2014	Election C	ycle-to-Date	
	Primary X General Other (specify)		907.41	
В.	Full Name (Last, First, Middle Initial) Ms PAULA MIRARE MIRARE OV	ERBY		Date of Receipt
	Mailing Address 835 CLIFF ROAD			05 15 2014
	City EAGAN			Transaction ID : SA13A.4288
	FEC ID number of contributing federal political committee.	С ни	MN02136	Amount of Each Receipt this Period
	Name of Employer	Occupation	1	142.48
	Professional Transportation, I Receipt For: 2014	Driver		printing
	Primary X General Other (specify)	Election Cycle-to-Date 1049.89		
_	Full Name (Last, First, Middle Initial) Ms PAULA MIRARE MIRARE O	VERBY		Date of Receipt
C.	Mailing Address 835 CLIFF ROAD			05 23 2014
	City EAGAN	State MN	Zip Code 55123	Transaction ID : SA13A.4289
FEC ID number of contributing federal political committee.		С н4	MN02136	Amount of Each Receipt this Period
	Name of Employer	Occupation	1	32.12
Professional Transportation, I Receipt For: 2014		Driver		printing
	Primary X General Other (specify)		ycle-to-Date 1082.01	
s	UBTOTAL of Receipts This Page (optional)			217.94
-	OTAL This Period (last page this line number	only)		

Avy information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions.         NAME OF COMMITTEE (In Full)         PAULA OVERBY FOR CONGRESS         Full Name (Last, First, Middle Initial)         Are maining Address ass CLIFF ROAD         City       State         EAAN       MN         State       Zip Code         Fact Name (Last, First, Middle Initial)       Amount of Each Receipt         Maining Address ass CLIFF ROAD       Date of Receipt         City       State       Zip Code         Fact Name (Last, First, Middle Initial)       Date of Receipt         B       Maining Address ass CLIFF ROAD       Date of Receipt         Image of Employer       Occupation       Driver         Receipt For: 2014       Election Cycle-to-Date       Date of Receipt         B       Maining Address ass CLIFF ROAD       Date of Receipt         City       State       Zip Code         EACAN       MN       State       Zip Code         B       Maining Address ass CLIFF ROAD       Date of Receipt       Date of Receipt         City       State       Zip Code       Zip Code         FCD In number of contributing technological political commititee.       City       Zin Zip Code	Т	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         17         OF         54           (check only one)         11a         11b         11c         11d           11a         11b         11c         11d         11d           12         X         13a         13b         14         15
PAULA OVERBY FOR CONGRESS         Full Name (Last, First, Middle Initia)         Ms PAULA MIRARE MIRARE OVERBY         Ame (Last, First, Middle Initia)         Professional Transportation, I         Primary         Full Name (Last, First, Middle Initia)         B       MS PAULA MIRARE MIRARE OVERBY         Amount of Each Receipt this Period         Professional Transportation, I         Primary       General         City       State         Put Name (Last, First, Middle Initia)         B       MS PAULA MIRARE OVERBY         Maling Address 835 CLIFF ROAD         City       State         City       State         City       State         Put Name (Last, First, Middle Initia)         B       MS PAULA MIRARE OVERBY         Maling Address 835 CLIFF ROAD         City       State         City       State         Primary       General         City       State         Date of Receipt         Maling Address 835 CLIFF ROAD         City       State         City       State         Priceipt Fire; 2014       Differ         Botte of Receipt       Manount of Each Receipt this Period					
A       Mailing Address ass CLIFF ROAD       Date of Receipt         City       State       Zip Code         EAGAN       MN       S5123         FED ID number of contributing federal political committee.       C       H4MN02136         Mailing Address ass CLIFF ROAD       Decupation         Professional Transportation, 1       Decupation         Professional Transportation, 1       Election Cycle-to-Date         Mailing Address ass CLIFF ROAD       Date of Receipt         City       State       Zip Code         Full Name (Last, First, Middle Initial)       Election Cycle-to-Date       Date of Receipt         Mailing Address ass CLIFF ROAD       Occupation       Date of Receipt         City       State       Zip Code         Packan       MN       55123         FEC ID number of contributing federal political committee.       C       H4MN02136         Name of Employer       Occupation       Differ         Primary       General       Differ       1422.28         Full Name (Last, First, Middle Initial)       Election Cycle-to-Date       Differ         Primary       General       Occupation       192.7         Primary       General       Differ       201.4         Transaction			ESS		
A       Mailing Address ass CLIFF ROAD       Use of necept         City       State       Zip Code         EAGAN       MN       55123         FEC ID number of contributing federal political committee.       Occupation       Direction         Name of Employer       Occupation       Direction         Prinary       General       Occupation       Direction         Full Name (Last, First, Middle Initial)       MN       S5123       Date of Receipt         FEC ID number of contributing federal political committee.       Occupation       Direction       S413A.4291         FEC ID number of contributing federal political committee.       Occupation       Date of Receipt       Amount of Each Receipt this Period         Name of Employer       Occupation       Occupation       Direction       S413A.4291         FEC ID number of contributing federal political committee.       Occupation       Direction       S413A.4291         Receipt For: 2014       Election Cycle-to-Date       Direction       S413A.4291         Professional Transportation, I       Diriver       Election Cycle-to-Date       Direction         Other (specify)       State       Zip Code       Zif       Zo14         City       State       Zip Code       Zif       Zo14       Transaction	-		RBY		
City       State       Zip Code         EAGAN       MN       55123         FEC ID number of contributing federal political committee.       C       H4MN02136         Name of Employer Professional Transportation, I       Occupation Driver       State       20.00         Professional Transportation, I       Driver       State       320.00         Full Name (Last, First, Middle Initia)       Election Cycle-to-Date       Date of Receipt         Mailing Address gas CLIFF ROAD       City       State       Zip Code         City       State       Zip Code       Amount of Each Receipt         PEC ID number of contributing federal political committee.       Date of Receipt       Date of Receipt         Name of Employer       Occupation       Diver       Prional State       Diver         Professional Transportation, I       Diver       Diver       Prional State       Diver         Professional Transportation, I       Diver       Election Cycle-to-Date       Printing         City       State       Zip Code       Amount of Each Receipt this Period         Miling Address gas CLIFF ROAD       Election Cycle-to-Date       Printing         City       State       Zip Code       Amount of Each Receipt this Period         Malling Address gas CLIFF ROAD <th>Α.</th> <th></th> <th>M M / D D / Y Y Y Y</th>	Α.		M M / D D / Y Y Y Y		
rederal political committee.       C       HeMM02136       Fundom of Each Theory unit factor         Name of Employer Professional Transportation, 1       Driver       320.00         Full Name (Last, First, Middle Initia)       Election Cycle-to-Date       Date of Receipt         City EAGAN       State       Zip Code       20         City EAGAN       State       Zip Code       Mailing Address 835 CLIFF ROAD         City EAGAN       C       HAMN02136       Amount of Each Receipt         Name of Employer       Occupation       Driver         Professional Transportation, 1       Driver       Diver         Receipt For: 2014       C       HAMN02136       Amount of Each Receipt         Name of Employer       Occupation       Driver       Diver         Pricessional Transportation, 1       Driver       Diver       Diver         Receipt For: 2014       Election Cycle-to-Date       Diver       Date of Receipt         City EAGAN       MN       55123       Date of Receipt       Transaction ID : SA13A.4292         City EAGAN       MN       55123       Amount of Each Receipt this Period       Prior         Receipt For: 2014       Diriver       Diriver       Prior       Prior         Receipt For: 2014       Election					
Name of Employer       Occupation         Professional Transportation, 1       Driver         Hereipt For: 2014       Election Cycle-to-Date         Full Name (Last, First, Middle Initial)       Election Cycle-to-Date         City       State       ZIP Code         EAGAN       MN       55123         FEC ID number of contributing       Election Cycle-to-Date       Image: Code         Professional Transportation, 1       Election Cycle-to-Date       Image: Code         Full Name (Last, First, Middle Initial)       Election Cycle-to-Date       Image: Code         City       State       Zip Code       Image: Code         Mailing Address       835 CLIFF ROAD       Image: Code       Image: Code         City       State       Zip Code       Molecult       Image: Code         Mailing Address       835 CLIFF ROAD       Image: Code       Image: Code       Image: Code         Mailing Address       835 CLIFF ROAD       Image: Code       Image: Code       Image: Code       Image: Code <th></th> <th>5</th> <th>С на</th> <th>MN02136</th> <th></th>		5	С на	MN02136	
Primary       General       1402.01         Full Name (Last, First, Middle Initial)       Date of Receipt         Mailing Address 835 CLIFF ROAD       06       0         City       State       21p Code         EAGAN       MN       55123         FEC ID number of contributing       C       H4MN02136         Receipt For: 2014       19.27         Primary       General       Occupation         Primary       General       19.27         Primary       General       0         Other (specify)       Election Cycle-to-Date       19.27         Primary       General       0       19.27         Other (specify)       1421.28       0       19.27         FEU IN amme (Last, First, Middle Initial)       0       7       2014         C       MS PAULA MIRARE MIRARE OVERBY       0       0       27       2014				1	
□ Other (specify)       1402.01         Full Name (Last, First, Middle Initia)       Ms PAULA MIRARE MIRARE OVERBY         Mailing Address gas CLIFF ROAD       Date of Receipt         □ City       State       Zip Code         EAGAN       MN       55123         FEC ID number of contributing federal political committee.       □ H4NN02136       Amount of Each Receipt this Period         □ Primary       ☑ General       □ Driver       1421.28         □ City       State       Zip Code         □ Primary       ☑ General       □ Election Cycle-to-Date       □ minting         □ City       State       Zip Code       1421.28         □ City       State       Zip Code       1421.28         □ Full Name (Last, First, Middle Initial)       Election Cycle-to-Date       □ minting         □ City       State       Zip Code       1421.28         □ FEC ID number of contributing			Election C	ycle-to-Date	
B.       Ms PAULA MIRARE MIRARE OVERBY         Mailing Address gas CLIFF ROAD         City       State       Zip Code         AGAN       MN       55123         FEC ID number of contributing       C       H4MN02136         Name of Employer       Occupation         Professional Transportation, 1       Driver         Professional Transportation, 1       Driver         Period       General         Other (specify)       Election Cycle-to-Date         Mailing Address       gas CLIFF ROAD         City       State         Zip Code       MN         Mailing Address       gas CLIFF ROAD         City       State         Zip Code       Mailing Address         Mailing Address       gas CLIFF ROAD         City       State         EAGAN       MN         FEC ID number of contributing       C         federal political committee.       Occupation         Professional Transportation, I       Driver         Professional Transportation, I       Driver         Receipt For: 2014       Driver         Primary       General         Other (specify)       Occupation         Driver       Ele			1402.01		]
City       State       Zip Code         EAGAN       MN       55123         FEC ID number of contributing federal political committee.       C       H4MN02136         Name of Employer       Occupation       Inver         Professional Transportation, I       Driver       Istrict Cycle-to-Date         Primary       General       Itelation Cycle-to-Date       printing         City       State       Zip Code         EAGAN       MIX       55123         Full Name (Last, First, Middle Initial)       Date of Receipt         City       State       Zip Code         EAGAN       MN       55123         FEC ID number of contributing federal political committee.       C       H4MN02136         Name of Employer       Occupation       Date of Receipt         Professional Transportation, I       Driver       Transaction ID : SA13A.4292         Amount of Each Receipt this Period       94.09       printing         Professional Transportation, I       Driver       94.09         Professional Transportation, I       Driver       94.09         Professional Transportation, I       Driver       94.09         Primary       General       Diver       94.09         Primary	В.				Date of Receipt
EAGAN       MN       55123       Transaction ID :: SAT3A.4291         FEC ID number of contributing federal political committee.       C       H4MN02136       Amount of Each Receipt this Period         Name of Employer Professional Transportation, I       Driver       Decupation       19.27         Primary       General Other (specify)       Election Cycle-to-Date       printing         Full Name (Last, First, Middle Initial) Other (specify)       Election Cycle-to-Date       Date of Receipt         City       State       Zip Code       Zip Code         EAGAN       MN       55123       Transaction ID : SAT3A.4291         PfeC ID number of contributing federal political committee.       C       H4MN02136       Date of Receipt         Name of Employer Professional Transportation, I       Driver       Amount of Each Receipt this Period       433.36         SUBTOTAL of Receipts This Page (optional)       Election Cycle-to-Date       94.09       94.09		Mailing Address 835 CLIFF ROAD			
FEC ID number of contributing federal political committee.       C       H4MN02136       Amount of Each Receipt this Period         Name of Employer Professional Transportation, I       Driver       19.27         Receipt For: 2014 Primary X General Other (specify)       Election Cycle-to-Date       1421.28         Full Name (Last, First, Middle Initial) Other (specify)       Date of Receipt         C.       Ms PAULA MIRARE MIRARE OVERBY Mailing Address 835 CLIFF ROAD       Date of Receipt         City EAGAN       State       Zip Code         FEC ID number of contributing federal political committee.       C       H4MN02136         Name of Employer Professional Transportation, I       Diver       Amount of Each Receipt this Period         Name of Employer Professional Transportation, I       Diver       Period         Receipt For: 2014       Election Cycle-to-Date       94.09         Primary       General       Other (specify)       1515.37         SUBTOTAL of Receipts This Page (optional)       433.36				•	Transaction ID : SA13A.4291
Name of Employer       Occupation         Professional Transportation, I       Driver         Receipt For: 2014       Election Cycle-to-Date         Other (specify)       1421.28         Full Name (Last, First, Middle Initial)       Date of Receipt         C.       Malling Address 835 CLIFF ROAD         City       State       Zip Code         EAGAN       MN       55123         FEC ID number of contributing federal political committee.       C       H4MN02136         Name of Employer       Occupation       Priver         Professional Transportation, I       Driver       94.09         Primary       General       Other (specify)       1515.37         SUBTOTAL of Receipts This Page (optional)       433.36		FEC ID number of contributing			Amount of Each Receipt this Period
Receipt For:       2014         Primary       General         Other (specify)       1421.28         Full Name (Last, First, Middle Initial)       Date of Receipt         C.       Ms PAULA MIRARE MIRARE OVERBY         Mailing Address       835 CLIFF ROAD         City       State       Zip Code         EAGAN       MN       55123         FEC ID number of contributing       C       H4MN02136         Name of Employer       Occupation         Professional Transportation, 1       Driver         Primary       General         Other (specify)       Election Cycle-to-Date         Primary       General         Other (specify)       433.36		Name of Employer	Occupation	1	19.27
Primary       General         Other (specify)       1421.28         Full Name (Last, First, Middle Initial)       Date of Receipt         C.       Mailing Address       835 CLIFF ROAD         City       State       Zip Code         EAGAN       MN       55123         FEC ID number of contributing federal political committee.       C       H4MN02136         Name of Employer       Occupation       Priver         Professional Transportation, I       Driver       SubtrotaL of Receipts This Page (optional)         SUBTOTAL of Receipts This Page (optional)       433.36			Driver		printing
Other (specify)       1421.28         Full Name (Last, First, Middle Initial)       Date of Receipt         C.       Ms PAULA MIRARE MIRARE OVERBY         Mailing Address 835 CLIFF ROAD       06         City       State       Zip Code         EAGAN       MN       55123         FEC ID number of contributing federal political committee.       C       H4MN02136         Name of Employer       Occupation       94.09         Primary       General       Other (specify)       1515.37         SUBTOTAL of Receipts This Page (optional)       433.36			Election C	ycle-to-Date	
C.       Ms PAULA MIRARE MIRARE OVERBY         Mailing Address 835 CLIFF ROAD         City       State       Zip Code         EAGAN       MN       55123         FEC ID number of contributing federal political committee.       C       H4MN02136         Name of Employer       Occupation       Priver         Professional Transportation, I       Driver       Subtromation Cycle-to-Date         Primary       General       1515.37         SUBTOTAL of Receipts This Page (optional)       433.36			1421.28		]
Mailing Address 835 CLIFF ROAD         City       State       Zip Code         EAGAN       MN       55123         FEC ID number of contributing federal political committee.       C       H4MN02136         Name of Employer       Occupation       94.09         Professional Transportation, I       Driver       94.09         Primary       C General       1515.37         Other (specify)       Election Cycle-to-Date       1515.37         SUBTOTAL of Receipts This Page (optional)       433.36	с С	Ms PAULA MIRARE MIRARE O	VERBY		Date of Receipt
EAGAN       MN       55123         FEC ID number of contributing federal political committee.       C       H4MN02136         Name of Employer       Occupation       94.09         Professional Transportation, I       Driver       94.09         Receipt For: 2014       Election Cycle-to-Date       printing         Other (specify)       Istis.37       1515.37         SUBTOTAL of Receipts This Page (optional)       433.36	0.	Mailing Address 835 CLIFF ROAD			
FEC ID number of contributing federal political committee.       C       H4MN02136       Amount of Each Receipt this Period         Name of Employer       Occupation       94.09         Professional Transportation, I       Driver       Primary       Election Cycle-to-Date         Primary       C       General       1515.37         SUBTOTAL of Receipts This Page (optional)       433.36		-		•	Transaction ID : SA13A.4292
federal political committee.       C       H4MN02136       Amount of Each Receipt this Period         Name of Employer       Occupation       94.09         Professional Transportation, I       Driver       94.09         Receipt For: 2014       Election Cycle-to-Date       printing         Other (specify)       General       1515.37       433.36				55123	
Professional Transportation, I     Driver       Professional Transportation, I     Driver       Receipt For: 2014     Election Cycle-to-Date       Other (specify)     1515.37		federal political committee.	С н4	MN02136	
Receipt For: 2014       Election Cycle-to-Date         Primary       General         Other (specify)       1515.37         SUBTOTAL of Receipts This Page (optional)				1	
Primary     General       Other (specify)     1515.37         SUBTOTAL of Receipts This Page (optional)     433.36		•	-	vola ta Data	printing
SUBTOTAL of Receipts This Page (optional)				ycie-io-Dale	
SUBTOTAL of Receipts This Page (optional)				1515.37	
1515.27	s	UBTOTAL of Receipts This Page (optional)	433.36		
TOTAL This Period (last page this line number only)	ļ,	OTAL This Period (last name this line number	onlv)		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           X         17         18         19a         19b           20a         20b         20c         21
	y information copied from such Reports and Statements m for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) PAULA OVERBY FOR CONGRESS			person for the purpose of soliciting contributions
Α.	Full Name (Last, First, Middle Initial) JOHN DAHL			Date of Disbursement
	Mailing Address 11 Amelia Ct .	Zin Onda		06 30 2014
	City State West St Pau MN	Zip Code 55118		Amount of Each Disbursement this Period 600.00
	Purpose of Disbursement In-kind - convention video			Transaction ID : SB17.4237
	Candidate Name		Category/ Type	,
	Office Sought: House Disbursement For Senate Primary President Other (s	X General		
	Full Name (Last, First, Middle Initial)			
В.	HONSA-BINDER PRINTING			Date of Disbursement
	Mailing Address 320 SPRUCE ST			02 24 2014
	City State SAINT PAUL MN	Zip Code 55101-2445		Amount of Each Disbursement this Period
	Purpose of Disbursement letter head		001	140.72 Transaction ID : SB17.4337
	Candidate Name PAULA OVERBY FOR CONGRESS		Category/ Type	
	Office Sought: House Disbursement For Senate President Other (s State: MN District: 02	X General	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
_	Full Name (Last, First, Middle Initial) HONSA-BINDER PRINTING			Date of Disbursement
C.	Mailing Address 320 SPRUCE ST			02 / D D / Y Y Y Y 02 27 2014
		p Code 5101-2445		Amount of Each Disbursement this Period
	Purpose of Disbursement half page flyers			89.34
	Candidate Name PAULA OVERBY FOR CONGRESS		004 Category/	Transaction ID : SB17.4338
	Office Sought:     House     Disbursement For       Senate     President     Other (s       State:     MN     District:     02	X General	Туре	
s	UBTOTAL of Disbursements This Page (optional)			830.06
	OTAL This Period (last page this line number only)			

<b>IT</b> An	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS y information copied from such Reports and Statements m for commercial purposes, other than using the name and a		y of the y Page used by any	
	NAME OF COMMITTEE (In Full) PAULA OVERBY FOR CONGRESS			
A.	Full Name (Last, First, Middle Initial) HONSA-BINDER PRINTING Mailing Address 320 SPRUCE ST			Date of Disbursement
	City State SAINT PAUL MN	Zip Code 55101-2445		Amount of Each Disbursement this Period
	Purpose of Disbursement half page flyers Candidate Name PAULA OVERBY FOR CONGRESS		004 Category/ Type	Transaction ID : SB17.4346
	Office Sought: House Disbursement For Senate President Other (s State: MN District: 02	X General	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
В.	Full Name (Last, First, Middle Initial) HONSA-BINDER PRINTING Mailing Address 320 SPRUCE ST			Date of Disbursement
	City     State       SAINT PAUL     MN       Purpose of Disbursement remit envelopes     Image: Comparison of	Zip Code 55101-2445	003	Amount of Each Disbursement this Period 44.13
	Candidate Name PAULA OVERBY FOR CONGRESS Office Sought: House Disbursement For Senate President Other (s State: MN District: 02	General	Category/ Type	Transaction ID : SB17.4350
C.	Full Name (Last, First, Middle Initial)       JOSH MATHIES       Mailing Address     9121 Collins Drive NW			Date of Disbursement
	Ramsey MN 5 Purpose of Disbursement In-kind - Web site design and maintenance	p Code 5303-7207		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4233
	Candidate Name Office Sought: House Disbursement For Senate President State: District:	X General	Category/ Type	
	UBTOTAL of Disbursements This Page (optional)			1633.47

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each categor Detailed Summar	/ of the	FOR LINE NUMBER:         PAGE         20         OF         54           (check only one)         X         17         18         19a         19b           20a         20b         20c         21
	y information copied from such Reports and Statements m for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) PAULA OVERBY FOR CONGRESS			
A.				Date of Disbursement
	Mailing Address 189 1st Ave NCity State Mazeppa MN	Zip Code 55956		Amount of Each Disbursement this Period
	Purpose of Disbursement Office sign		004	350.00 Transaction ID : SB17.4300
	PAULA OVERBY FOR CONGRESS         Office Sought:       House         Senate       Primary         President       Other (s         State:       MN         District:       02	X General	Category/ Type	
в.	Full Name (Last, First, Middle Initial)         Minnesota Secretary of State         Mailing Address       60 Empire Dr #100			Date of Disbursement
	City     State       St Paul     MN       Purpose of Disbursement     Candidate registratsion fee	Zip Code 55103	001	Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4364
	Candidate Name PAULA OVERBY FOR CONGRESS Office Sought: House Senate President State: MN District: 02 Disbursement For Other (s	General	Category/ Type	
C.	Full Name (Last, First, Middle Initial) Office Max Mailing Address 1271 Promenade Place			Date of Disbursement
	City     State     Zi       Eagan     MN     5       Purpose of Disbursement	p Code 5121		Amount of Each Disbursement this Period
	Candidate Name PAULA OVERBY FOR CONGRESS Office Sought:  House Senate President State: MN District: 02	X General	004 Category/ Type	Transaction ID : SB17.4362
s	UBTOTAL of Disbursements This Page (optional)			682.12
Т	OTAL This Period (last page this line number only)			L , ,

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sc for each categor Detailed Summa	y of the	FOR LINE NUMBER: (check only one)         PAGE         21         OF         54           X         17         18         19a         19b         19b         20a         20b         20c         21	
	y information copied from such Reports and Statements m for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) PAULA OVERBY FOR CONGRESS				
Α.	Full Name (Last, First, Middle Initial) Office Max Mailing Address 1271 Promenade Place			Date of Disbursement	
	City State Eagan MN Purpose of Disbursement	Zip Code 55121		Amount of Each Disbursement this Period	
	Campaign signs Candidate Name PAULA OVERBY FOR CONGRESS Office Sought: X House Senate Disbursement For	: 2014 X General	004 Category/ Type	Transaction ID : SB17.4365	
_	State: MN District: 02 Full Name (Last, First, Middle Initial) Office Max			Date of Disbursement	
В.	Mailing Address     1271 Promenade Place       City     State	Zip Code		M M / D D / Y Y Y Y 06 27 2014	
	Eagan MN Purpose of Disbursement campaign signs Candidate Name PAULA OVERBY FOR CONGRESS	55121	004 Category/ Type	Amount of Each Disbursement this Period 94.09 Transaction ID : SB17.4367	
	Office Sought:     House     Disbursement Formation       Senate     President     Other (state:       State:     MN     District:     02	General	Туре		
C.	Full Name (Last, First, Middle Initial) PsPrint Mailing Address 1600 East Touhy Avenue			Date of Disbursement	
	City State Zip	o Code 0018	004	Amount of Each Disbursement this Period 205.55	
	Candidate Name         PAULA OVERBY FOR CONGRESS         Office Sought:       House         Senate       Primary         President       Other (s         State:       MN	K General	004 Category/ Type	Transaction ID : SB17.4331	
s	State:       MIN       District:       02         SUBTOTAL of Disbursements This Page (optional)				
Т	TOTAL This Period (last page this line number only)				

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	/ of the	FOR LINE NUMBER:         PAGE         22         OF         54           (check only one)         I17         18         19a         19b           20a         20b         20c         21
	y information copied from such Reports and Statements m for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) PAULA OVERBY FOR CONGRESS			
Α.	Full Name (Last, First, Middle Initial) PsPrint			Date of Disbursement
	Mailing Address 1600 East Touhy Avenue			03 03 2014
	City     State       Des Plaines     IL       Purpose of Disbursement	Zip Code 60018		Amount of Each Disbursement this Period
	Camoaign Stickers Candidate Name		004 Category/	Transaction ID : SB17.4340
	PAULA OVERBY FOR CONGRESS         Office Sought:       House       Disbursement For         Senate       President       Other (s         State:       MN       District:       02	X General	Туре	
в.	Full Name (Last, First, Middle Initial) PsPrint			Date of Disbursement
	Mailing Address 1600 East Touhy Avenue			05 03 2014
	City State Des Plaines IL	Zip Code 60018		Amount of Each Disbursement this Period
	Purpose of Disbursement campaign cards		004	43.34 Transaction ID : SB17.4359
	Candidate Name PAULA OVERBY FOR CONGRESS		Category/ Type	
	Office Sought:     House     Disbursement For       Senate     President     Other (s       State:     MN     District:     02	General		
_	Full Name (Last, First, Middle Initial)			Date of Disbursement
C.	Address 1600 East Touhy Avenue			M         M         /         D         /         Y
		p Code 0018		Amount of Each Disbursement this Period
	Purpose of Disbursement campaign cards	0018	004	142.48
	Candidate Name PAULA OVERBY FOR CONGRESS		Category/ Type	Transaction ID : SB17.4360
	Office Sought: House Disbursement For Senate President Other (s State: MN District: 02	K General		
s	UBTOTAL of Disbursements This Page (optional)			275.30
	OTAL This Period (last page this line number only)			

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	of the	FOR LINE NUMBER: (check only one)         PAGE         23         OF         54           X         17         18         19a         19b           20a         20b         20c         21
	y information copied from such Reports and Statements m for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) PAULA OVERBY FOR CONGRESS			
Α.	Full Name (Last, First, Middle Initial)			Date of Disbursement
	Mailing Address 15 S 1ST ST			03 22 2014
	City State MINNEAPOLIS MN Purpose of Disbursement	Zip Code 55401		Amount of Each Disbursement this Period
	In-kind - CONVENTION EXPENSES Candidate Name		Category/	Transaction ID : SB17.4196
	Office Sought: House Disbursement For Senate President Other (s	X General	Туре	
в.	State:     District:       Full Name (Last, First, Middle Initial)       WALLACE SWAN			Date of Disbursement
	Mailing Address 15 S 1ST ST City State	Zin Codo		04 05 2014
	MINNEAPOLIS MN Purpose of Disbursement In-kind - CANDIDATE FORUM	Zip Code 55401	_ · · ·	Amount of Each Disbursement this Period
	Candidate Name		Category/ Type	Transaction ID : SB17.4209
	Office Sought: House Disbursement For Senate President Other (s State: District:	General		
C.	Full Name (Last, First, Middle Initial)			Date of Disbursement
	Mailing Address 15 S 1ST ST			04 11 2014
	MINNEAPOLIS MN 5	p Code 5401		Amount of Each Disbursement this Period
	Purpose of Disbursement In-kind - fec FILING			19.99 Transaction ID : SB17.4211
	Candidate Name		Category/ Type	
	Office Sought: House Disbursement For Senate President Other (s State: District:	X General		
s	UBTOTAL of Disbursements This Page (optional)			293.94
т	OTAL This Period (last page this line number only)			

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each categor Detailed Summar	/ of the	FOR LINE NUMBER: (check only one)         PAGE         24         OF         54           X         17         18         19a         19b           20a         20b         20c         21
	y information copied from such Reports and Statements m for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) PAULA OVERBY FOR CONGRESS			
Α.	Full Name (Last, First, Middle Initial) WALLACE SWAN Mailing Address 15 S 1ST ST			Date of Disbursement
	City     State       MINNEAPOLIS     MN       Purpose of Disbursement     In-kind - CONVENTION       Candidate Name     Candidate Name	Zip Code 55401	Category/ Type	Amount of Each Disbursement this Period 22.41 Transaction ID : SB17.4213
	Office Sought: House Disbursement For Senate President Other (s State: District:	X General	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
в.	Full Name (Last, First, Middle Initial) WALLACE SWAN Mailing Address 15 S 1ST ST			Date of Disbursement
	City State MINNEAPOLIS MN Purpose of Disbursement Campaign manager Candidate Name PAULA OVERBY FOR CONGRESS	Zip Code 55401	001 Category/ Type	Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4357
	Office Sought: House Disbursement For Senate President Other (s	X General		
C.	Full Name (Last, First, Middle Initial)           Mailing Address			Date of Disbursement
	City State Zip Purpose of Disbursement	p Code		Amount of Each Disbursement this Period
	Candidate Name Office Sought: House Disbursement For Senate President Other (s	General	Category/ Type	
	State:       District:         UBTOTAL of Disbursements This Page (optional)         OTAL This Period (last page this line number only)			1022.41

•		PAGE 25 OF 54				
CHEDULE C (FEC Form 3 DANS	)	Use separate schedule(s) for each category of the Detailed Summary Page				
AME OF COMMITTEE (In Full) PAULA OVERBY FOR CONG	GRESS	Transaction ID : SC/10.4260				
LOAN SOURCE Full Name (Last, Fi MS PAULA MIRARE MIRAF		[PERSONAL FUNDS] Election: 2014				
Mailing Address 835 CLIFF ROAD		Ceneral Other (specify) ▼				
City	State ZIP C	Code				
EAGAN	MN 5512	3				
Original Amount of Loan	Cumulative Payment	To Date Balance Outstanding at Close of This Period				
29.9	9	0.00 29.99				
TERMS Date Incurred	Date Du	e Interest Rate Secured:				
M06 / D10 / Y Ž013		12/01/2014 <sup>Y</sup> 0.25 % (apr)				
List All Endorsers or Guarantors (if	any) to Loan Source					
1. Full Name (Last, First, Middle Init	ial)	Name of Employer				
Mailing Address		Occupation				
City S	State ZIP Code	Amount Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initia	al)	Name of Employer				
Mailing Address		Occupation				
City S	State ZIP Code	Amount Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Initia	al)	Name of Employer				
Mailing Address		Occupation				
City S	State ZIP Code	Amount Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initia	al)	Name of Employer				
Mailing Address		Occupation				
City S	State ZIP Code	Amount Guaranteed Outstanding:				
UBTOTALS This Period This Page (op OTALS This Period (last page in this li	· · · · · · · · · · · · · · · · · · ·					

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CHEDULE C (FEC Form 3 DANS	3)	Use separate schedule(s) for each category of the Detailed Summary Page
AME OF COMMITTEE (In Full) PAULA OVERBY FOR CON	GRESS	Transaction ID : SC/10.4261
LOAN SOURCE Full Name (Last, F MS PAULA MIRARE MIRA		[PERSONAL FUNDS] Election: 2014 Primary X General
Mailing Address 835 CLIFF ROAD		Other (specify)
City EAGAN	State	ZIP Code 55123
Original Amount of Loan	Cumulative Payr	
		0.00 20.15
TERMS Date Incurred	Da	te Due Interest Rate Secured:
M08 / D12 / Y Ž01Š	Y M M / D D	<sup>7</sup> <sup>Y</sup> 12/Ŏ1/2Ŏ14 <sup>Y</sup> 0.25 % (apr) Yes No
List All Endorsers or Guarantors (i	•	Nome of Employer
1. Full Name (Last, First, Middle Ini	itiai)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Init	ial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Init	ial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Init	ial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
CUBTOTALS This Period This Page (op COTALS This Period (last page in this		

•		PAGE 27 OF 54				
CHEDULE C (FEC Form 3) DANS	)	Use separate schedule(s) for each category of the Detailed Summary Page				
ME OF COMMITTEE (In Full) AULA OVERBY FOR CONG	RESS	Transaction ID : SC/10.4262				
LOAN SOURCE Full Name (Last, Fir MS PAULA MIRARE MIRAR	,	[PERSONAL FUNDS] Election: 2014				
Mailing Address 835 CLIFF ROAD		General ☐ Other (specify) ▼				
City	State ZIP C	Code				
EAGAN	MN 5512	3				
Original Amount of Loan	Cumulative Payment	To Date Balance Outstanding at Close of This Peric				
34.7	2	0.00 34.72				
TERMS Date Incurred	Date Du	e Interest Rate Secured:				
<sup>M</sup> 08 <sup>M</sup> / <sup>D</sup> 17 <sup>D</sup> / <sup>Y</sup> Ž013 <sup>Y</sup>	M M / D D / Y	12/Ŏ1/2Ŏ14 <sup>×</sup> 0.25 % (apr)				
List All Endorsers or Guarantors (if	any) to Loan Source					
1. Full Name (Last, First, Middle Init	ial)	Name of Employer				
Mailing Address		Occupation				
City S	tate ZIP Code	Amount Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initia	al)	Name of Employer				
Mailing Address		Occupation				
City S	tate ZIP Code	Amount Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Initia	al)	Name of Employer				
Mailing Address		Occupation				
City S	tate ZIP Code	Amount Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initia	al)	Name of Employer				
Mailing Address		Occupation				
City S	tate ZIP Code	Amount Guaranteed Outstanding:				
UBTOTALS This Period This Page (opi OTALS This Period (last page in this li						

CHEDULE C (FEC Form	3)			Use separate sch	nedule(s)	PAGE 28 OF
OANS				for each category of the Detailed Summary Page		
AME OF COMMITTEE (In Full) PAULA OVERBY FOR CON	IGRESS			Tra	ansactic	on ID : SC/10.4263
LOAN SOURCE Full Name (Last, Ms PAULA MIRARE MIRA				[PERSONAL FUNI		Election: 2014 Primary X General
Mailing Address 835 CLIFF ROAD						Other (specify) ▼
City	Sta	te	ZIP Code	)		
EAGAN	М	N	55123			
Original Amount of Loan	Cı	umulative Pay	/ment To D	ate	Balanc	e Outstanding at Close of This Pe
	0.75	9	7	0.00	L.	0.75
TERMS Date Incurred		D	ate Due	Interes	t Rate	Secured:
<sup>M</sup> 08 <sup>M</sup> / <sup>D</sup> 24 <sup>D</sup> / <sup>Y</sup> Ž013	Y M N	M / D D	<sup>/</sup> 12/0	01/2014 <sup>×</sup>	0.25	% (apr) Yes
List All Endorsers or Guarantors		an Source				
1. Full Name (Last, First, Middle I	nitial)			Name of Employer		
Mailing Address				Occupation		
City	State Z	IP Code		Amount Guaranteed Outstanding:	7	
2. Full Name (Last, First, Middle In	iitial)			Name of Employer		
Mailing Address				Occupation		
City	State Z	IP Code		Amount Guaranteed Outstanding:	7	
3. Full Name (Last, First, Middle In	nitial)			Name of Employer		
Mailing Address				Occupation		
City	State Z	IP Code		Amount Guaranteed Outstanding:	,	
4. Full Name (Last, First, Middle In	iitial)			Name of Employer		
Mailing Address				Occupation		
City	State Z	IP Code		Amount Guaranteed Outstanding:	7	
UBTOTALS This Period This Page ( OTALS This Period (last page in this					[]. [].	0.75

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CHEDULE C (FEC Form 3 DANS	3)	Use separate schedule(s) for each category of the Detailed Summary Page
AME OF COMMITTEE (In Full) PAULA OVERBY FOR CON	GRESS	Transaction ID : SC/10.4264
LOAN SOURCE Full Name (Last, F MS PAULA MIRARE MIRA Mailing Address	,	[PERSONAL FUNDS] Election: 2014 Primary General Other (specify) ▼
835 CLIFF ROAD		
City EAGAN	State MN	ZIP Code 55123
Original Amount of Loan 19.		Payment To Date Balance Outstanding at Close of This Peric 0.00 19.42
TERMS Date Incurred		Date Due Interest Rate Secured:
M08 <sup>M</sup> / D27 <sup>D</sup> / Y 2013	Y M M / D	$\frac{1}{12/01/2014^{\circ}}$
List All Endorsers or Guarantors (i	• ·	
1. Full Name (Last, First, Middle In	tial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Init	ial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Init	ial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Init	ial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
<b>CUBTOTALS</b> This Period This Page (op COTALS This Period (last page in this		

						PAGE 30 OF 54		
CHEDULE C (FEC Form 3) OANS				Use separate schedule(s) for each category of the Detailed Summary Page				
AME OF COMMITTEE (In Full) PAULA OVERBY FOR CON	NGRESS				Transac	tion ID : SC/10.4267		
LOAN SOURCE Full Name (Last, MS PAULA MIRARE MIRA				[PERSONAL F	UNDSJ	Election: 2014		
Mailing Address 835 CLIFF ROAD						X General Other (specify) ▼		
City	St	ate	ZIP Code	9				
EAGAN	Ν	٨N	55123					
Original Amount of Loan	C	Cumulative F	Payment To D	ate	Bala	nce Outstanding at Close of This Period		
35	0.00			0.00		350.00		
TERMS Date Incurred			Date Due	Inte	erest Rate	Secured:		
M09M / D07D / Y Ž013	Y	M / D	D / Y12/0	01/2014 <sup>Y</sup>	0.25	₩ (apr) × Yes × No		
List All Endorsers or Guarantors		oan Sourc						
1. Full Name (Last, First, Middle	Initial)			Name of Employ	ver			
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:		y 1 1 y 1 1 x 1		
2. Full Name (Last, First, Middle Ir	nitial)			Name of Employ	ver			
Mailing Address				Occupation				
City	State 2	ZIP Code		Amount Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Ir	nitial)			Name of Employ	ver			
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:		y 1 y 1 y 1		
4. Full Name (Last, First, Middle Ir	nitial)			Name of Employ	ver			
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:		9 1 9 1 1 1		
UBTOTALS This Period This Page ( OTALS This Period (last page in this						350.00		

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CHEDULE C (FEC Form 3) DANS	)	Use separate schedule(s) for each category of the Detailed Summary Page				
AME OF COMMITTEE (In Full) PAULA OVERBY FOR CONG	RESS	Transaction ID : SC/10.4268				
LOAN SOURCE Full Name (Last, Fir Ms PAULA MIRARE MIRAR		[PERSONAL FUNDS] Election: 2014 Primary X General				
Mailing Address 835 CLIFF ROAD		Other (specify)				
City EAGAN	State ZIP C MN 55123					
Original Amount of Loan 20.5	Cumulative Payment T	o Date     Balance Outstanding at Close of This Perio       0.00     20.57				
TERMS Date Incurred Mog / P10 / Y 2013 Y		Interest Rate Secured: 12/Ŏ1/2Ŏ14 <sup>Y</sup> 0.25 % (apr) Yes No				
List All Endorsers or Guarantors (if 1. Full Name (Last, First, Middle Initi		Name of Employer				
Mailing Address		Occupation				
City S	tate ZIP Code	Amount Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initia	al)	Name of Employer				
Mailing Address		Occupation				
City S	tate ZIP Code	Amount Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Initia	al)	Name of Employer				
Mailing Address		Occupation				
City S	tate ZIP Code	Amount Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initia	ıl)	Name of Employer				
Mailing Address		Occupation				
City S	tate ZIP Code	Amount Guaranteed Outstanding:				
<b>CUBTOTALS</b> This Period This Page (opt						

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CHEDULE C (FEC Form 3) OANS				Use separate schedule(s) for each category of the Detailed Summary Page				
AME OF COMMITTEE (In Full) PAULA OVERBY FOR CON	NGRES	S			Transac	tion ID : SC/10.4269		
LOAN SOURCE Full Name (Last, MS PAULA MIRARE MIR				[PERSONAL FL	INDS]	Election: 2014		
Mailing Address 835 CLIFF ROAD						X General Other (specify) ▼		
City		State	ZIP Cod	9				
EAGAN		MN	55123					
Original Amount of Loan		Cumulative	Payment To D	Date	Bala	nce Outstanding at Close of This Period		
1	1.00			0.00		11.00		
TERMS Date Incurred			Date Due	Inter	rest Rate	Secured:		
M09M / D12D / Y Ž013	Y	/ M / D		01/2014 <sup>Y</sup>	0.25	% (apr)		
List All Endorsers or Guarantors	(if any) to	Loan Sourc						
1. Full Name (Last, First, Middle	Initial)			Name of Employe	er			
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:		ay 1 1 ay 1 a ay 1		
2. Full Name (Last, First, Middle Ir	nitial)			Name of Employe	ər			
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:		y		
3. Full Name (Last, First, Middle Ir	nitial)			Name of Employe	er			
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:		g 1 1 g 1 1 m 1		
4. Full Name (Last, First, Middle Ir	nitial)			Name of Employe	ər			
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:		9 1 9 1 1 1		
UBTOTALS This Period This Page ( OTALS This Period (last page in this						7 7 7 T		

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CHEDULE C (FEC Form 3) DANS		Use separate schedule(s) for each category of the Detailed Summary Page				
AME OF COMMITTEE (In Full) PAULA OVERBY FOR CONG	RESS	Transaction ID : SC/10.4271				
LOAN SOURCE Full Name (Last, Fire MS PAULA MIRARE MIRAR		[PERSONAL FUNDS] Election: 2014				
Mailing Address 835 CLIFF ROAD		General Other (specify) ▼				
City	State ZIP C	Code				
EAGAN	MN 5512					
Original Amount of Loan	Cumulative Payment	To Date Balance Outstanding at Close of This Perio				
4.15	5	0.00 4.15				
TERMS Date Incurred	Date Du	e Interest Rate Secured:				
M09M / D26D / Y Ž013 Y		12/Ŏ1/2Ŏ14 <sup>×</sup> 0.25 % (apr)				
List All Endorsers or Guarantors (if	any) to Loan Source					
1. Full Name (Last, First, Middle Initia	al)	Name of Employer				
Mailing Address		Occupation				
City St	ate ZIP Code	Amount Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initia	I)	Name of Employer				
Mailing Address		Occupation				
City St	ate ZIP Code	Amount Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Initia	l)	Name of Employer				
Mailing Address		Occupation				
City St	ate ZIP Code	Amount Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initia	l)	Name of Employer				
Mailing Address		Occupation				
City St	ate ZIP Code	Amount Guaranteed Outstanding:				
UBTOTALS This Period This Page (opt OTALS This Period (last page in this lir						

CHEDULE C (FEC Forr DANS	n 3)			Use separate scher for each category o Detailed Summary	of the	FOR LINE NUM (check only on	ABER:	OF 54
AME OF COMMITTEE (In Full) PAULA OVERBY FOR CC	NGRES	S		Tran	saction	ID : SC/10.4270		
LOAN SOURCE Full Name (Las MS PAULA MIRARE MI				[PERSONAL FUNDS	ij Ele	ection: 2014 Primary General		
Mailing Address 835 CLIFF ROAD						Other (specify)		
City EAGAN		State MN	ZIP Cod 55123	e				
Original Amount of Loan	0.64	Cumulative	Payment To [	Date E	Balance	Outstanding at C	ose of	This Perio
TERMS       Date Incurred         M09       /       P27       /       Y       201         List All Endorsers or Guaranton				Interest F	Rate 0.25	% (apr)	Secure	X
1. Full Name (Last, First, Middle	,			Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:	7			
2. Full Name (Last, First, Middle	Initial)			Name of Employer				
Mailing Address			_	Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:	7		-	
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:	. ,	7		
<b>CUBTOTALS</b> This Period This Page						7 1 1 7 7 1 7		0.64

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CHEDULE C (FEC Form 3) DANS				Use separate schedule(s) for each category of the Detailed Summary Page				
AME OF COMMITTEE (In Full) PAULA OVERBY FOR (	CONGRES	S		Tr	ansactio	on ID : SC/10.4272		
LOAN SOURCE Full Name (I MS PAULA MIRARE N				[PERSONAL FUN	<b>,</b>	Election: 2014 Primary X General		
Mailing Address 835 CLIFF ROAD						Other (specify)		
City		State	ZIP Code	>				
EAGAN		MN	55123					
Original Amount of Loan		Cumulative P	ayment To D	ate	Balanc	e Outstanding at Close of This Perio		
<u> </u>	1.09			0.00		1.09		
TERMS Date Incurred			Date Due	Interes	t Bate	Secured:		
	2013 <sup>Y</sup>	M M / D	_	01/2014	0.25	% (apr)		
List All Endorsers or Guarar		o Loan Sourc						
1. Full Name (Last, First, Mic	dle Initial)			Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:		· · · · · · · · ·		
2. Full Name (Last, First, Mide	dle Initial)			Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:				
3. Full Name (Last, First, Mide	dle Initial)			Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:				
4. Full Name (Last, First, Mide	dle Initial)			Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:				
<b>UBTOTALS</b> This Period This Pariod This Pariod (last page i					 	1.09 7 7		

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CHEDULE C (FEC Form ( DANS	3)	Use separate schedule(s) for each category of the Detailed Summary Page
ME OF COMMITTEE (In Full) AULA OVERBY FOR CON	GRESS	Transaction ID : SC/10.4273
LOAN SOURCE Full Name (Last, F MS PAULA MIRARE MIRA		[PERSONAL FUNDS] Election: 2014
Mailing Address 835 CLIFF ROAD		Ceneral Other (specify) ▼
City	State	ZIP Code
EAGAN	MN	55123
Original Amount of Loan	Cumulative Pa	ayment To Date Balance Outstanding at Close of This Peric 0.00 5.74
	74	5.74
TERMS Date Incurred		Date Due Interest Rate Secured:
M 10 <sup>M</sup> / D 02 <sup>D</sup> / Y Ž013		<sup>D</sup> <sup>'</sup> <sup>Y</sup> 12/01/2014 <sup>Y</sup> 0.25 % (apr) Yes No
List All Endorsers or Guarantors (i		
1. Full Name (Last, First, Middle In	tial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Init	ial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Init	ial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Init	ial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
UBTOTALS This Period This Page (or OTALS This Period (last page in this		

- <b>5</b>		г				
CHEDULE C (FEC Form 3 DANS		Use separate schedule(s) FOR LINE NUMBER:			-	
AME OF COMMITTEE (In Full) PAULA OVERBY FOR CON	GRESS		т	ransacti	on ID : SC/10.4275	
LOAN SOURCE Full Name (Last, F MS PAULA MIRARE MIRA			[PERSONAL FUN	IDSj	Election: 2014 Primary X General	
Mailing Address 835 CLIFF ROAD					Other (specify)	
City EAGAN	State MN	ZIP Code 55123				
Original Amount of Loan	Cumulative	e Payment To Da	ate 0.00	Balan	ce Outstanding at Close	of This Peric 3.06
TERMS Date Incurred		Date Due	<u> </u>	st Rate	San	ured:
M 10 <sup>M</sup> / D 06 <sup>D</sup> / Y 2013	Y M M / D		1/2014 <sup>Y</sup>	0.25	% (apr)	Yes No
List All Endorsers or Guarantors (i 1. Full Name (Last, First, Middle In	• •		lame of Employer			
Mailing Address						
		A	mount			
City	State ZIP Code	,	Guaranteed Dutstanding:		y	
2. Full Name (Last, First, Middle Init	ial)	٩	lame of Employer			
Mailing Address		(	Occupation			
City	State ZIP Code		Amount Guaranteed Dutstanding:		y	
3. Full Name (Last, First, Middle Init	ial)	Ν	lame of Employer			
Mailing Address		(	Occupation			
City	State ZIP Code	, 0	Amount Guaranteed Dutstanding:		y	
4. Full Name (Last, First, Middle Init	ial)	٩	lame of Employer			
Mailing Address		(	Occupation			
City	State ZIP Code	, 0	Amount Guaranteed Dutstanding:		y	
<b>CUBTOTALS</b> This Period This Page (op COTALS This Period (last page in this				[.	· · · · · · · ·	3.06

CHEDULE C (FEC Form 3	3)	Use separate schedule(s)
OANS		for each category of the Detailed Summary Page
IAME OF COMMITTEE (In Full) PAULA OVERBY FOR CON	GRESS	Transaction ID : SC/10.4276
LOAN SOURCE Full Name (Last, F MS PAULA MIRARE MIRA	,	[PERSONAL FUNDS] Election: 2014 Primary X General
Mailing Address 835 CLIFF ROAD		Other (specify)
City	State ZIP C	Code
EAGAN	MN 55123	3
Original Amount of Loan	Cumulative Payment T	To Date Balance Outstanding at Close of This Per
1.	57	0.00 1.57
TERMS Date Incurred	Date Due	e Interest Rate Secured:
		12/01/2014 <sup>×</sup> 0.25 % (apr) Yes
List All Endorsers or Guarantors (	• *	
1. Full Name (Last, First, Middle In	itial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Init	ial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Init	iial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Init	iial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (o		

	• • • •					PAGE 39 OF 54
CHEDULE C (FEC Form 3) OANS				Use separate for each cate Detailed Sum	10 (check only one) X 13a	
AME OF COMMITTEE (In Full) PAULA OVERBY FOR CO	NGRES	S			Transac	tion ID : SC/10.4277
LOAN SOURCE Full Name (Las MS PAULA MIRARE MIR		,		[PERSONAL F	UNDS]	Election: 2014 Primary X General
Mailing Address 835 CLIFF ROAD						Other (specify)
City EAGAN		State MN	ZIP Cod 55123	e		
Original Amount of Loan	1.57	Cumulative F	Payment To [	Date 0.00	Bala	nce Outstanding at Close of This Perio
TERMS Date Incurred	1.57		Date Due	<u> </u>	erest Rate	<u>y</u> <u>y</u> <u>x</u>
M 11 / D 14 / Y 201:	ž Y	M M / D		01/2014 <sup>×</sup>	0.25	
List All Endorsers or Guarantor		o Loan Sourc				
1. Full Name (Last, First, Middle	Initial)			Name of Employ	yer	
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		y
2. Full Name (Last, First, Middle	Initial)			Name of Employ	yer	
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		y 1 1 y 1 1 x 1
3. Full Name (Last, First, Middle	Initial)			Name of Employ	yer	
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		y y
4. Full Name (Last, First, Middle	Initial)			Name of Employ	yer	
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		9 9
SUBTOTALS This Period This Page				-		1.57

CHEDULE C (FEC Forn	n 3)			Use separates for each categ Detailed Sumn	ory of th	10 (check only one) X 13a
NAME OF COMMITTEE (In Full) PAULA OVERBY FOR CO	NGRES	S		1	Transac	tion ID : SC/10.4278
LOAN SOURCE Full Name (Las MS PAULA MIRARE MIR				[PERSONAL FU	INDS]	Election: 2014 Primary X General
Mailing Address 835 CLIFF ROAD						Other (specify)
City EAGAN		State MN	ZIP Code 55123	9		
Original Amount of Loan	19.96	Cumulative F	Payment To D	Date 0.00	Bala	nce Outstanding at Close of This Perio 19.96
TERMS Date Incurred				D1/2014	est Rate 0.25	
1. Full Name (Last, First, Middle				Name of Employe	er	
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Mailing Address	Initial)			Name of Employe	er	
City	State	ZIP Code		Amount Guaranteed Outstanding:		9 1 9 1 7 1
3. Full Name (Last, First, Middle	Initial)			Name of Employe	er	
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		g 1 1 g 1 1 m 1
4. Full Name (Last, First, Middle	Initial)			Name of Employe	er	
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		7 7 7
SUBTOTALS This Period This Page						19.96 7 7 7

CHEDULE C (FEC Form 3)		Use separate schedule	PAGE 41 OF 54
DANS		for each category of the Detailed Summary Page	10 (check only one) X 13a
AME OF COMMITTEE (In Full) PAULA OVERBY FOR CONGE	RESS	Transac	tion ID : SC/10.4279
LOAN SOURCE Full Name (Last, First	t, Middle Initial)	[PERSONAL FUNDS]	Election: 2014
Ms PAULA MIRARE MIRARE	E OVERBY		Primary X General
Mailing Address 835 CLIFF ROAD			Other (specify)
City	State ZIP Co	ode	
EAGAN	MN 55123		
Original Amount of Loan	Cumulative Payment To	Date Bala	nce Outstanding at Close of This Period
9.05		0.00	9.05
TERMS Date Incurred	Date Due	Interest Rate	e Secured:
M01 <sup>M</sup> / D25 <sup>D</sup> / Y Ž014 Y		2/Ŏ1/2Ŏ14 <sup>×</sup> 0.25	
List All Endorsers or Guarantors (if a	ny) to Loan Source		
1. Full Name (Last, First, Middle Initial	1)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City Sta	te ZIP Code	Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City Sta	te ZIP Code	Guaranteed	· · · · · · · · · · · · · · · · · · ·
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City Sta	te ZIP Code	Guaranteed Outstanding:	9 1 9 1 1 1
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Sta	te ZIP Code	Amount Guaranteed	
SUBTOTALS This Period This Page (optic			9.05

CHEDULE C (FEC For	m 3)			Use separate for each categ		
OANS				Detailed Sum		
IAME OF COMMITTEE (In Full) PAULA OVERBY FOR CO	ONGRES	S			Transac	tion ID : SC/10.4280
LOAN SOURCE Full Name (La MS PAULA MIRARE MI				[PERSONAL FU	UNDSJ	Election: 2014 Primary X General
Mailing Address 835 CLIFF ROAD						Other (specify)
City		State	ZIP Cod	e		
EAGAN		MN	55123			
Original Amount of Loan		Cumulative F	Payment To D	Date	Bala	nce Outstanding at Close of This Perio
	9.00	3		0.00		9.00
TERMS Date Incurred			Date Due	Inte	rest Rate	e Secured:
M02 <sup>M</sup> / D17 <sup>D</sup> / Y 20	14 Y	M M / D	D / Y12/	01/2014 <sup>°</sup>	0.25	₩ (apr)
List All Endorsers or Guaranto		o Loan Sourc				
1. Full Name (Last, First, Midd	le Initial)			Name of Employ	er	
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		y y
2. Full Name (Last, First, Middle	e Initial)			Name of Employ	er	
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		y
3. Full Name (Last, First, Middle	e Initial)			Name of Employ	er	
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		y y
4. Full Name (Last, First, Middle	e Initial)			Name of Employ	er	
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		9 1 9 1 7 1
SUBTOTALS This Period This Pag						9.00

CHEDULE C (FEC For	m 3)			Use separate		
OANS				for each cate Detailed Sum		
AME OF COMMITTEE (In Full) PAULA OVERBY FOR C	ONGRES	S			Transac	tion ID : SC/10.4281
LOAN SOURCE Full Name (La MS PAULA MIRARE MI		,		[PERSONAL F	UNDS]	Election: 2014
		VLINDI				X General
Mailing Address 835 CLIFF ROAD						Other (specify)
City		State	ZIP Cod	9		
EAGAN		MN	55123			
Original Amount of Loan		Cumulative F	Payment To D	Date	Bala	nce Outstanding at Close of This Perio
7	3.18			0.00		3.18
TERMS Date Incurred			Date Due	Inte	erest Rate	e Secured:
M 03 / D 07 / Y 20	14 Y	M M / D	D / Y12/	01/2014 <sup>Y</sup>	0.25	% (apr) □ <sub>Yes</sub> ⊠ No
List All Endorsers or Guaranto		o Loan Sourc				
1. Full Name (Last, First, Midd	le Initial)			Name of Employ	er	
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		y 1 y 1 n n 1
2. Full Name (Last, First, Middle	e Initial)			Name of Employ	er	
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		y 1 1 y 1 1 x 1
3. Full Name (Last, First, Middle	e Initial)			Name of Employ	er	
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		y y
4. Full Name (Last, First, Middle	e Initial)			Name of Employ	er	
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		9 9
SUBTOTALS This Period This Pag						3.18

CHEDULE C (FEC For OANS	m 3)			Use separate for each categ	gory of th	(check only one) (X 13a)
NAME OF COMMITTEE (In Full)	ONGRES	S		Detailed Sumr		e 13b
LOAN SOURCE Full Name (La MS PAULA MIRARE MI				[PERSONAL FU	INDS]	Election: 2014 Primary X General
Mailing Address 835 CLIFF ROAD						Other (specify)
City EAGAN		State MN	ZIP Code 55123	e		
Original Amount of Loan	41.77	Cumulative F	Payment To D	Date 0.00	Bala	nce Outstanding at Close of This Perio
TERMS Date Incurred M03 <sup>M</sup> / D10 <sup>D</sup> / Y 20 List All Endorsers or Guarante				Ínter Ď1/2014 <sup>×</sup>	rest Rate 0.25	
1. Full Name (Last, First, Midd				Name of Employe	ər	
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		· · · · · · · · ·
2. Full Name (Last, First, Middle Mailing Address	e Initial)			Name of Employe	er	
City	State	ZIP Code		Amount Guaranteed Outstanding:		9 1 9 1 1 7 1
3. Full Name (Last, First, Middle	e Initial)			Name of Employe	ər	
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		y 1 1 y 1 1 x 1
4. Full Name (Last, First, Middle	e Initial)			Name of Employe	ər	
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		9 9 9 9 9
SUBTOTALS This Period This Pag						41.77

CHEDULE C (FEC Form OANS	n 3)			Use separate for each cate Detailed Sum	gory of th	(check only one)
NAME OF COMMITTEE (In Full)	NGRES	S				tion ID : SC/10.4283
LOAN SOURCE Full Name (Las MS PAULA MIRARE MIR				[PERSONAL F	UNDSj	Election: 2014 Primary X General
Mailing Address 835 CLIFF ROAD						Other (specify)
City EAGAN		State MN	ZIP Cod 55123	е		
Original Amount of Loan	15.75	Cumulative I	Payment To [	Date 0.00	Bala	nce Outstanding at Close of This Peric 15.75
TERMS Date Incurred		M M / D		01/2014	erest Rate 0.25	
List All Endorsers or Guaranton 1. Full Name (Last, First, Middle		o Loan Sourc		Name of Employ	ver	
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Mailing Address	Initial)			Name of Employ Occupation	ver	
City	State	ZIP Code		Amount Guaranteed Outstanding:		9 1 9 1 7 1
3. Full Name (Last, First, Middle	Initial)			Name of Employ	ver	
Mailing Address			_	Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		y
4. Full Name (Last, First, Middle	Initial)			Name of Employ	ver	
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		7 7 7 7
SUBTOTALS This Period This Page						15.75

0		
CHEDULE C (FEC Form 3 DANS	)	Use separate schedule(s) for each category of the Detailed Summary Page
AME OF COMMITTEE (In Full) PAULA OVERBY FOR CONG	RESS	Transaction ID : SC/10.4284
LOAN SOURCE Full Name (Last, Fin Ms PAULA MIRARE MIRAR Mailing Address 835 CLIFF ROAD		[PERSONAL FUNDS] Election: 2014 Primary General Other (specify) ▼
City	State ZIP C	Code
EAGAN	MN 5512	3
Original Amount of Loan 5.9	Cumulative Payment	To Date Balance Outstanding at Close of This Period
TERMS       Date Incurred         M04       /       D04       /       Y       2014         List All Endorsers or Guarantors (if		e Interest Rate Secured: <sup>4</sup> 12/01/2014 <sup>Y</sup> 0.25 % (apr) Yes No
1. Full Name (Last, First, Middle Init	• /	Name of Employer
Mailing Address	·	Occupation
City S	tate ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initia	al)	Name of Employer
Mailing Address		Occupation
City S	tate ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initia	al)	Name of Employer
Mailing Address		Occupation
City S	tate ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initia	al)	Name of Employer
Mailing Address		Occupation
City S	tate ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (op TOTALS This Period (last page in this li		

		PAGE 47 OF 54
CHEDULE C (FEC Form 3 DANS	3)	Use separate schedule(s) for each category of the Detailed Summary Page
AME OF COMMITTEE (In Full) PAULA OVERBY FOR CON	GRESS	Transaction ID : SC/10.4285
LOAN SOURCE Full Name (Last, F	irst, Middle Initial)	[PERSONAL FUNDS] Election: 2014
Ms PAULA MIRARE MIRA	RE OVERBY	Primary X General
Mailing Address 835 CLIFF ROAD		General Other (specify) ▼
City	State ZIP	Code
EAGAN	MN 551	23
Original Amount of Loan	Cumulative Paymen	t To Date Balance Outstanding at Close of This Period
250.	00	0.00 250.00
TERMS Date Incurred	Date [	Due Interest Rate Secured:
M04 <sup>M</sup> / D25 <sup>D</sup> / Y Ž014		<sup>Y</sup> 12/Ŏ1/2Ŏ14 <sup>Y</sup> 0.25 % (apr) Yes No
List All Endorsers or Guarantors (i	f any) to Loan Source	
1. Full Name (Last, First, Middle Ini	itial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Init	ial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Init	ial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Init	ial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
<b>CUBTOTALS</b> This Period This Page (op COTALS This Period (last page in this		

HEDULE C (FEC For	m 3)		Use separate schedule(s) for each category of the Detailed Summary Page
ME OF COMMITTEE (In Full)	ONGRES	S	Transaction ID : SC/10.4286
LOAN SOURCE Full Name (La MS PAULA MIRARE MI		,	[PERSONAL FUNDS] Election: 2014 Primary X General
Mailing Address 835 CLIFF ROAD			Other (specify)
City EAGAN			Code
Original Amount of Loan		Cumulative Paymen	
	5.00		
TERMS Date Incurred			Due Interest Rate Secured: <sup>Y</sup> 12/01/2014 <sup>Y</sup> 0.25 % (apr) Yes N
List All Endorsers or Guaranto 1. Full Name (Last, First, Middl			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle	e Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle	e 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:
UBTOTALS This Period This Pag OTALS This Period (last page in -			

CHEDULE C (FEC For	rm 3)			Use separate				
OANS				for each cate Detailed Sum		(check only one) X 13a 13b		
AME OF COMMITTEE (In Full) PAULA OVERBY FOR C	ONGRES	S			Transac	tion ID : SC/10.4287		
LOAN SOURCE Full Name (L		,		[PERSONAL FU	JNDSJ	Election: 2014		
Ms PAULA MIRARE M	IRARE O	VERBY				Primary X General		
Mailing Address 835 CLIFF ROAD						Other (specify)		
City		State	ZIP Cod	e				
EAGAN		MN	55123					
Original Amount of Loan		Cumulative F	Payment To D	Date	Bala	nce Outstanding at Close of This Peric		
	43.34			0.00		43.34		
TERMS Date Incurred			Date Due	Inte	rest Rate	Secured:		
M05 <sup>M</sup> / D15 <sup>D</sup> / Y Ž	014 <sup>Y</sup>	M M / D	D / Y12/	01/2014 <sup>°</sup>	0.25	₩ (apr) Wes No		
List All Endorsers or Guarant		o Loan Sourc						
1. Full Name (Last, First, Mid	dle Initial)			Name of Employ	er			
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:		y 1 y 1 y 1 y 1		
2. Full Name (Last, First, Midd	le Initial)			Name of Employ	er			
Mailing Address				Occupation				
				Amount				
City	State	ZIP Code		Guaranteed Outstanding:		y		
3. Full Name (Last, First, Midd	le Initial)			Name of Employ	er			
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:		y y		
4. Full Name (Last, First, Midd	le Initial)			Name of Employ	er			
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:		9 1 9 1 7 1		
SUBTOTALS This Period This Pa					E	43.34		

CHEDULE C (FEC Fo	orm 3)			Use separate for each cate		
OANS				Detailed Sum		
AME OF COMMITTEE (In Full) PAULA OVERBY FOR (	CONGRES	S			Transac	tion ID : SC/10.4288
LOAN SOURCE Full Name (	Last, First, Mic	ddle Initial)		[PERSONAL F	UNDS]	Election: 2014
Ms PAULA MIRARE	MIRARE O	VERBY				Primary X General
Mailing Address 835 CLIFF ROAD						Other (specify)
City		State	ZIP Code	Э		
EAGAN		MN	55123			
Original Amount of Loan		Cumulative F	Payment To D	Date	Bala	nce Outstanding at Close of This Peric
7 7 7	142.48			0.00		142.48
TERMS Date Incurred			Date Due	Inte	erest Rate	Secured:
M05 <sup>M</sup> / D15 <sup>D</sup> / Y	ž014 <sup>v</sup>	M M / D	D / Y 12/0	01/2014 <sup>°</sup>	0.25	
List All Endorsers or Guara		o Loan Sourc				
1. Full Name (Last, First, Mi	ddle Initial)			Name of Employ	/er	
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Mid	dle Initial)			Name of Employ	/er	
Mailing Address				Occupation		
			-	Amount		
City	State	ZIP Code		Guaranteed		y
3. Full Name (Last, First, Mid	dle Initial)			Name of Employ	/er	
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		y 1 1 y 1 1 x 1
4. Full Name (Last, First, Mid	dle Initial)			Name of Employ	/er	
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		y 1 1 y 1 1 x 1
SUBTOTALS This Period This P						142.48

CHEDULE C (FEC Fo	rm 3)			Use separate	e schedule	PAGE 51 OF 5		
OANS				for each cat Detailed Sur		(check only one) X 13a 13b		
AME OF COMMITTEE (In Full) PAULA OVERBY FOR (	ONGRESS				Transac	tion ID : SC/10.4289		
LOAN SOURCE Full Name (L	ast, First, Middle	Initial)		[PERSONAL	FUNDSj	Election: 2014		
Ms PAULA MIRARE M	IIRARE OVEI	RBY				Primary X General		
Mailing Address 835 CLIFF ROAD						Other (specify)		
City	Sta	te	ZIP Code	9				
EAGAN	М	N	55123					
Original Amount of Loan	Cu	umulative P	ayment To D	Date	Bala	nce Outstanding at Close of This Per		
<u> </u>	32.12			0.00		32.12		
TERMS Date Incurred			Date Due	Int	terest Rate	Secured:		
M05 <sup>M</sup> / D23 <sup>D</sup> / Y 22	014 Y	M / D	D / Y12/	01/2014 <sup>Y</sup>	0.25	₩ (apr) Yes		
List All Endorsers or Guaran	tors (if any) to Lo	an Source						
1. Full Name (Last, First, Mid	dle Initial)			Name of Emplo	yer			
Mailing Address				Occupation				
City	State Z	IP Code		Amount Guaranteed				
City	State Z	IP Code		Outstanding:		y		
2. Full Name (Last, First, Mido	lle Initial)			Name of Emplo	yer			
Mailing Address				Occupation				
				Amount				
City	State Z	IP Code		Guaranteed Outstanding:		-y - 1 - y - 1 x - 1		
3. Full Name (Last, First, Mido	lle Initial)			Name of Emplo	yer			
Mailing Address				Occupation				
City	State Z	IP Code		Amount Guaranteed Outstanding:		y		
4. Full Name (Last, First, Mido	lle Initial)			Name of Emplo	yer			
Mailing Address				Occupation				
City	State Z	IP Code		Amount Guaranteed Outstanding:		g 1 1 g 1 1 m 1		
SUBTOTALS This Period This Pa						32.12		

CHEDULE C (FEC For	m 3)			Use separate so for each categor	ry of the	e (check only one) X 13a
AME OF COMMITTEE (In Full) PAULA OVERBY FOR CO	ONGRES	S		Detailed Summa		ion ID : SC/10.4290
LOAN SOURCE Full Name (La MS PAULA MIRARE MI				[PERSONAL FUN	IDS]	Election: 2014 Primary
Mailing Address 835 CLIFF ROAD						X General Other (specify) ▼
City EAGAN		State MN	ZIP Code 55123	9		
Original Amount of Loan	320.00	Cumulative F	Payment To D	0.00	Balan	ce Outstanding at Close of This Perior 320.00
TERMS					_	<u> </u>
Date Incurred	ĬĂ Ÿ	M M / D	Date Due	01/2014 <sup>°</sup>	st Rate 0.25	Secured:
List All Endorsers or Guaranto	rs (if any) t	o Loan Sourc	е			
1. Full Name (Last, First, Middl	e Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		y 1 y 1 x x 1
2. Full Name (Last, First, Middle	Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		9
3. Full Name (Last, First, Middle	Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		y
4. Full Name (Last, First, Middle	Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		9 1 9 1 1 1
SUBTOTALS This Period This Pag					[.	320.00

CHEDULE C (FEC For OANS	m 3)			Use separate for each cate Detailed Sum	gory of th	(check only one)
NAME OF COMMITTEE (In Full)	ONGRESS	6				tion ID : SC/10.4291
LOAN SOURCE Full Name (La MS PAULA MIRARE MI		,		[PERSONAL F	UNDSJ	Election: 2014 Primary X General
Mailing Address 835 CLIFF ROAD						Other (specify)
City EAGAN	S	State MN	ZIP Code 55123	9		
Original Amount of Loan	19.27	Cumulative F	Payment To D	0.00	Bala	nce Outstanding at Close of This Peric 19.27
TERMS Date Incurred				Inte Ď1/2Ď14 <sup>Y</sup>	erest Rate 0.25	
1. Full Name (Last, First, Middl				Name of Employ	ver	
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		7 7 7 7
2. Full Name (Last, First, Middle Mailing Address	Initial)			Name of Employ	ver	
City	State	ZIP Code		Amount Guaranteed Outstanding:		9 1 9 1 7 1
3. Full Name (Last, First, Middle	Initial)			Name of Employ	ver	
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		9 1 9 1 7 1
4. Full Name (Last, First, Middle	Initial)			Name of Employ	ver	
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		9 9 9 9 9
SUBTOTALS This Period This Pag				-		19.27

	n 2)				PAGE 54 OF 54
CHEDULE C (FEC Form 3) OANS				Use separate scheo for each category o Detailed Summary	of the (check only one) X 13a
AME OF COMMITTEE (In Full) PAULA OVERBY FOR CO	NGRES	S		Tran	saction ID : SC/10.4292
LOAN SOURCE Full Name (Las Ms PAULA MIRARE MI				[PERSONAL FUNDS	Election: 2014 Primary Ceneral
Mailing Address 835 CLIFF ROAD					Other (specify) ▼
City EAGAN		State MN	ZIP Code 55123	9	
Original Amount of Loan	94.09	Cumulative P	ayment To D	0.00	Balance Outstanding at Close of This Peric 94.09
TERMS					<u> </u>
Date Incurred	Ă Y	M M / D	Date Due	Interest F	Rate Secured: 0.25 % (apr)
List All Endorsers or Guaranto	rs (if anv) t	o Loan Source	e		Yes No
1. Full Name (Last, First, Middle				Name of Employer	
Mailing Address				Occupation	
				Amount	
City	State	ZIP Code		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:	· · · · · · · · · ·
UBTOTALS This Period This Page OTALS This Period (last page in t					94.09