

FEC FORM 1

STATEMENT OF ORGANIZATION

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1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

PAULA OVERBY FOR CONGRESS

ADDRESS (number and street)

835 CLIFF ROAD

(Check if address is changed)

EAGAN
CITY ▲

MN
STATE ▲

55129-1906
ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

PAULA@PAULAOVERBY.COM

Optional Second E-Mail Address

PAULA.OVERBY@COMCAST.NET

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

PaulaOverby.COM

2. DATE

08 / 22 / 2013

3. FEC IDENTIFICATION NUMBER ►

C

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

Type or Print Name of Treasurer

Roxie Leigh Hart

Signature of Treasurer

Roxie Leigh Hart

Date

08 / 21 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

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

FEC FORM 1
(Revised 06/2012)

13031112568

5. TYPE OF COMMITTEE

Candidate Committee:

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

Name of Candidate PAULA MIRARE QUERBY

Candidate Party Affiliation DEM Office Sought: House Senate President State MN District 02

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

Name of Candidate _____

Party Committee:

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

Political Action Committee (PAC):

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

Joint Fundraising Representative:

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

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<u>C</u>
2.	_____	FEC ID number	<u>C</u>
3.	_____	FEC ID number	<u>C</u>
4.	_____	FEC ID number	<u>C</u>

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Write or Type Committee Name

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

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Treasurer

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Roxie Leigh Hart

Mailing Address

750 N MILTON ST

Apt 102

St Paul

CITY

STATE

ZIP CODE

Title or Position

Treasurer

Telephone number

612-353-8863

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Full Name of Designated Agent

Paula Mirare Overby

Mailing Address

835 Cliff Rd

Eagan

CITY

MN

STATE

55123-1906

ZIP CODE

Title or Position

Candidate

Telephone number

651-214-1603

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

Name of Bank, Depository, etc.

First National Bank of the Lakes

Mailing Address

6613 Penn Ave S

Richfield

CITY

MN

STATE

55423-

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

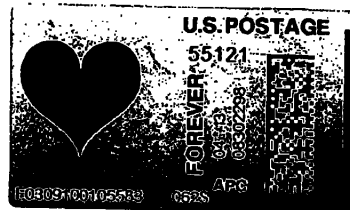
ZIP CODE

13031112571

Over by
1st Rd
N MN 55123

SAINT PAUL MN 550

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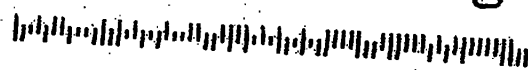


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Federal Election Commission
999 B Street, N.W.
Washington DC 20463

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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

JMP
 PREPARER
 (8/2013)

9/3/13
 DATE PREPARED

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