

McGoldrick for Congress
36 Moonlight Bay
Stillwater, MN 55082

RECEIVED
2012 APR 17 AM 11:47
FEC MAIL CENTER

April 13, 2012

Federal Election Commission
999 E. Street, NW
Washington, DC 20463

The FEC - assigned, 9-digit ID is C00518498.

Please find enclosed FEC Form 3 Report of Receipts and Disbursements.

If there are any errors or omissions on this report, please contact me at 651-263-6778.

Thank you for your assistance.

Sincerely,



Scott R. Martin
Assistant Treasurer

12050783607

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

2012 APR 17 AM 11:47 Office Use Only

FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. McGoldrick for Congress

ADDRESS (number and street) 36 Moonlight Bay Stillwater MN 55082

2. FEC IDENTIFICATION NUMBER C 0 0 5 1 8 4 9 8 3. IS THIS REPORT X NEW (N) OR AMENDED (A) ZIP CODE STATE DISTRICT MN 16

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: X April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER)

(b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period 01/01/2012 through 03/31/2012

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

Type or Print Name of Treasurer Gregory W. Heck

Signature of Treasurer [Signature] Date 04/13/2012

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

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Report Covering the Period: From:

M M / D D / Y Y Y Y

To:

M M / D D / Y Y Y Y

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	, 1,130.00	, 11,300.00
(b) Total Contribution Refunds (from Line 20(d))	, , .	, , .
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	, , .	, , .
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	, 10,000.00	, , .
(b) Total Offsets to Operating Expenditures (from Line 14)	, , .	, , .
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	, , .	, , .
8. Cash on Hand at Close of Reporting Period (from Line 27)	, 1,740.00	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	, , .	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	, , .	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

12030783609

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

McGoldrick for Congress

Report Covering the Period: From: ^{M M / D D / Y Y Y Y} 0 1 / 0 1 / 2 0 1 2 To: ^{M M / D D / Y Y Y Y} 0 3 / 3 1 / 2 0 1 2

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	, 1,300.00	, 1,300.00
(ii) Unitemized.....	, , .	, , .
(iii) TOTAL of contributions from individuals ▶	, , .	, , .
(b) Political Party Committees.....	, , .	, , .
(c) Other Political Committees (such as PACs).....	, , .	, , .
(d) The Candidate.....	, 10,000.00	, 10,000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	, , .	, , .

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

, , .

13. LOANS:

(a) Made or Guaranteed by the Candidate.....	, , .	, , .
(b) All Other Loans.....	, , .	, , .
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	, , .	, , .

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

, , .

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

, , .

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

, 11,300.00 , 11,300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE	OF
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
McGoldrick for Congress

A. Full Name (Last, First, Middle Initial) Michael Crary		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 1 2
Mailing Address 203 Little Canada Road E		Amount of Each Receipt this Period , 3 0 0 . 0 0
City St. Paul, MN	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , 3 0 0 . 0 0
Name of Employer Self Employed	Occupation Business Owner	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , 3 0 0 . 0 0	

B. Full Name (Last, First, Middle Initial) Tom Miller		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 1 2
Mailing Address 10861 Gray PL.		Amount of Each Receipt this Period , 1, 0 0 0 . 0 0
City Tustin, CA	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , 1, 0 0 0 . 0 0
Name of Employer Self Employed	Occupation Business Owner	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , 1, 0 0 0 . 0 0	

C. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	, 1, 3 0 0 . 0 0
TOTAL This Period (last page this line number only).....	, 1, 3 0 0 . 0 0

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**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	OF
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c

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

NAME OF COMMITTEE (In Full)
McGoldrick for Congress

12030783612

Full Name (Last, First, Middle Initial) A. helloworld		Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 1 2
Mailing Address 1005 W. Franklin Avenue		Amount of Each Disbursement this Period , 1 0 , 0 0 0 . 0 0
City Minneapolis	State MN	
Purpose of Disbursement Campaign Organization	Zip Code 55405	Category/ Type 0 0 4
Candidate Name Brian McGoldrick	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

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

SUBTOTAL of Disbursements This Page (optional).....	, 1 0 , 0 0 0 . 0 0
TOTAL This Period (last page this line number only).....	, 1 0 , 0 0 0 . 0 0

**SCHEDULE C (FEC Form 3)
LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE _____ OF _____
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full) _____

LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ _____
Mailing Address	

City _____ State _____ ZIP Code _____

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
\$ _____	\$ _____	\$ _____

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	_____ % (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

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

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SCHEDULE C-1 (FEC Form 3)

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
Information found on
Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER C
-----------------------------	---------------------------------------

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR) %
Mailing Address	Date Incurred or Established M M / D D / Y Y Y Y	
City State Zip Code	Date Due M M / D D / Y Y Y Y	

12030783614

A. Has loan been restructured? No Yes If yes, date originally incurred M M / D D / Y Y Y Y

B. If line of credit, Total Outstanding Balance: Amount of this Draw:

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____
What is the value of this collateral?
Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____
What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account: _____
Address: _____
Date account established: M M / D D / Y Y Y Y City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE M M / D D / Y Y Y Y
---	-----------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:
I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	DATE M M / D D / Y Y Y Y
Title	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

12030783615

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
, , .	, , .	, , .

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
, , .	, , .	, , .

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
, , .	, , .	, , .

1) SUBTOTALS This Period This Page (optional)	▶	, , .
2) TOTALS This Period (last page this line number only)	▶	, , .
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	, , .
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	, , .

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

Date of Receipt

Hand Delivered

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USPS First Class Mail

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USPS Priority Mail

Delivery Confirmation™ or Signature Confirmation™ Label

Postmarked

USPS Express Mail

Postmark Illegible

No Postmark

Shipping Date

Overnight Delivery Service (Specify):

Next Business Day Delivery

Date of Receipt

Received from House Records & Registration Office

Date of Receipt

Received from Senate Public Records Office

Date of Receipt

Received from Electronic Filing Office

Date of Receipt or Postmarked

Other (Specify):

JMP
PREPARER
(3/2005)

4/12/12
DATE PREPARED

12030783616