

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

12FE4M5

HOWE FOR CONGRESS

ADDRESS (number and street) ▼

BOX 172

Check if different than previously reported. (ACC)

RED WING

MN

55066

2. **FEC IDENTIFICATION NUMBER** ▼

C C00588624

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

MN

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- 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  /  /  in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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 Lisa M Howe

Signature of Treasurer Lisa M Howe

[Electronically Filed]

Date

/  /

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

Office Use Only								
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**HOWE FOR CONGRESS**

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

	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))....	43485.00	43485.00
(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)).....	43485.00	43485.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	36207.48	36207.48
(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)).....	36207.48	36207.48
8. Cash on Hand at Close of Reporting Period (from Line 27).....	607277.52	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	600000.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**HOWE FOR CONGRESS**

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	39055.00	39055.00
(ii) Unitemized.....	4430.00	4430.00
(iii) TOTAL of contributions from individuals ▶	43485.00	43485.00
(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))..	43485.00	43485.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	100000.00	100000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	100000.00	100000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	143485.00	143485.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	36207.48	36207.48
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	36207.48	36207.48

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	500000.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	143485.00
25. SUBTOTAL (add Line 23 and Line 24).....	643485.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	36207.48
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	607277.52

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 23
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**HOWE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Arlin Albrecht**

Mailing Address 30567 Lakeview Ave.

City State Zip Code  
Red Wing MN 55066

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

Name of Employer Occupation  
Red Wing Publishing CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 21 / 2015

**Transaction ID : SA11AI.4292**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Kim Beise**

Mailing Address 968 Aurora Circle

City State Zip Code  
Red Wing MN 55066

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

Name of Employer Occupation  
Dowco Valve Company President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2015

**Transaction ID : SA11AI.4180**

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
**Lucinda Biese**

Mailing Address 968 Aurora Circle

City State Zip Code  
Red Wing MN 55066

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

Name of Employer Occupation  
Red Wing Health Center COTA

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2015

**Transaction ID : SA11AI.4181**

Amount of Each Receipt this Period  
1500.00

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 23
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**HOWE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**George Borgerding**

Mailing Address 1060 Washburn

City Belgrade State MS Zip Code 56312

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

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 29 / 2015

**Transaction ID : SA11AI.4207**

Amount of Each Receipt this Period  
 2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Elsa Carpenter**

Mailing Address 18735 11th Ave N

City Plymouth State MN Zip Code 55447

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

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : SA11AI.4341**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Steven Cheney**

Mailing Address 11915 County Road 10

City Plymouth State MN Zip Code 55442

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

Name of Employer Cheney Inc Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 12 / 2015

**Transaction ID : SA11AI.4133**

Amount of Each Receipt this Period  
 1000.00

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 23
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**HOWE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Allen Christy**

Mailing Address 2600 Cherrywood Road

City State Zip Code  
Minnetonka MN 55305

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

Name of Employer Occupation  
Self-employed Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2015

**Transaction ID : SA11AI.4125**

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
**Elliott Cobb**

Mailing Address 10578

City State Zip Code  
Scottsdale AZ 85262

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

Name of Employer Occupation  
ECA Marketing Inc CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 08 / 2015

**Transaction ID : SA11AI.4250**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Council of Insurance Agents & Brokers PAC**

Mailing Address 701 Pennsylvania Ave NW

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00039578

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : SA11AI.4337**

Amount of Each Receipt this Period  
5000.00

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 23
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**HOWE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Bruce Dayton</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 28 / 2015
Mailing Address 990 Oldy Long Lake Road		<b>Transaction ID : SA11AI.4190</b>
City Wayzata	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer None	Occupation Retired	Election Cycle-to-Date 2700.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. Bruce Dayton</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 28 / 2015
Mailing Address 990 Oldy Long Lake Road		<b>Transaction ID : SA11AI.4191</b>
City Wayzata	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
Name of Employer None	Occupation Retired	Election Cycle-to-Date 5000.00
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C. Elizabeth Driscoll</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 27 / 2015
Mailing Address 357 Salem Church Road		<b>Transaction ID : SA11AI.4336</b>
City St. Paul	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer None	Occupation Retired	Election Cycle-to-Date 1000.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 23
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**HOWE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Timothy Flaherty**

Mailing Address 80 Western Ave. #402

City St. Paul	State MN	Zip Code 55102
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FEC ID number of contributing federal political committee. **C**

Name of Employer Flaherty & Hood	Occupation Attorney
-------------------------------------	------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 08 / 2015

**Transaction ID : SA11AI.4188**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Stanley Hubbard**

Mailing Address 3415 University Ave

City St. Paul	State MN	Zip Code 55114
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FEC ID number of contributing federal political committee. **C**

Name of Employer Hubbard Broadcasting	Occupation President and CEO
--	---------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 12 / 2015

**Transaction ID : SA11AI.4118**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Henry Keller**

Mailing Address 66852 Highway 63

City Lake City	State MN	Zip Code 55041
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Farmer
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Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2015

**Transaction ID : SA11AI.4206**

Amount of Each Receipt this Period  
300.00

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

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

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 23
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**HOWE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Esther Kellogg</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2015	
Mailing Address 390 Mount Olive Blvd		<b>Transaction ID : SA11AI.4347</b>	
City State Zip Code St. Paul MN 55105	Amount of Each Receipt this Period _____ 250.00		
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period _____ 250.00		
Name of Employer Occupation None Retired	Election Cycle-to-Date _____ 250.00		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) <b>B. John Kinkad</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2015	
Mailing Address 693 Montcalm Place		<b>Transaction ID : SA11AI.4193</b>	
City State Zip Code St. Paul MN 55116	Amount of Each Receipt this Period _____ 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period _____ 1000.00		
Name of Employer Occupation National Mower CEO	Election Cycle-to-Date _____ 1000.00		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Bob Kish</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2015	
Mailing Address 90 Halligan		<b>Transaction ID : SA11AI.4301</b>	
City State Zip Code Worthington OH 43085	Amount of Each Receipt this Period _____ 500.00		
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period _____ 500.00		
Name of Employer Occupation Lakeside Communications Marketing	Election Cycle-to-Date _____ 500.00		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 1750.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 23
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**HOWE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas Lowe**

Mailing Address 2630 W Lafayette Road

City Excelsior	State MN	Zip Code 55331
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FEC ID number of contributing federal political committee. **C**

Name of Employer None	Occupation Retired
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Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 13 / 2015

**Transaction ID : SA11AI.4269**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Alvin Lundsten**

Mailing Address 605 Park Ave NW

City Williams	State MN	Zip Code 56686
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FEC ID number of contributing federal political committee. **C**

Name of Employer None	Occupation Retired
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Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 17 / 2015

**Transaction ID : SA11AI.4176**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**John Mahn**

Mailing Address 609 Pine St.

City Red Wing	State MN	Zip Code 55066
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FEC ID number of contributing federal political committee. **C**

Name of Employer Mahn Funeral Homes	Occupation Owner
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Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 13 / 2015

**Transaction ID : SA11AI.4252**

Amount of Each Receipt this Period  
500.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 23
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**HOWE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Alvin McQuinn**

Mailing Address 1551Gulf Shore Blvd South

City Naples State FL Zip Code 34102

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

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 07 / 2015

**Transaction ID : SA11AI.4155**

Amount of Each Receipt this Period  
 2700.00

**B.** Full Name (Last, First, Middle Initial)  
**David Murphy**

Mailing Address 4701 Anway Drive

City Edina State MN Zip Code 55436

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

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2015

**Transaction ID : SA11AI.4251**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Ellis Naegele**

Mailing Address 7993 Via Vecchia

City Naples State FL Zip Code 34108

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2015

**Transaction ID : SA11AI.4110**

Amount of Each Receipt this Period  
 250.00

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

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

3450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 23
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**HOWE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Donald Oren**

Mailing Address 3105 Sandy Hook Drive

City State Zip Code  
Roseville MN 55113

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

Name of Employer Occupation  
Dart Transit Company President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 10 / 2015

**Transaction ID : SA11AI.4112**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**John Remick**

Mailing Address 3232 Fox Hollow Ct SW

City State Zip Code  
Rochester MN 55902

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

Name of Employer Occupation  
Rochester Athletic Club Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 05 / 2015

**Transaction ID : SA11AI.4156**

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
**Naegele Robert Jr.**

Mailing Address 7993 Via Vecchia

City State Zip Code  
Naples FL 34108

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 16 / 2015

**Transaction ID : SA11AI.4109**

Amount of Each Receipt this Period  
250.00

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

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

3750.00

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

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

FOR LINE NUMBER: PAGE 14 OF 23  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**HOWE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Frank Russomanno**

Mailing Address 1351 Chatterton Road

City State Zip Code  
St. Paul MN 55123

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

Name of Employer Occupation  
None Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 23 / 2015

**Transaction ID : SA11AI.4114**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Hugh Schilling**

Mailing Address 16907 E Monterey Drive

City State Zip Code  
Fountain Hills AZ 85268

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

Name of Employer Occupation  
Horton Holding CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 30 / 2015

**Transaction ID : SA11AI.4345**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**karen Seifert**

Mailing Address 521 17th St

City State Zip Code  
Red Wing MN 55066

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

Name of Employer Occupation  
Hiawatha Homes Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 18 / 2015

**Transaction ID : SA11AI.4175**

Amount of Each Receipt this Period  
1000.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 23
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**HOWE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Warren Staley**

Mailing Address **Box 19000**

City **Avon** State **CO** Zip Code **81620**

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

Name of Employer **None** Occupation **Retired**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 20 / 2015**

**Transaction ID : SA11AI.4289**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Robert Tetzloff**

Mailing Address **5775 Wayzata Blvd**

City **Minneapolis** State **MN** Zip Code **55416**

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

Name of Employer **Brake & Equipment Warehouse** Occupation **Manager**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1355.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 13 / 2015**

**Transaction ID : SA11AI.4184**

Amount of Each Receipt this Period  
**1355.00**

**C.** Full Name (Last, First, Middle Initial)  
**Robert Ulrich**

Mailing Address **5400 Londonderry Road**

City **Edina** State **MN** Zip Code **55436**

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

Name of Employer **None** Occupation **Retired**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 02 / 2015**

**Transaction ID : SA11AI.4123**

Amount of Each Receipt this Period  
**2700.00**

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

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

**4555.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 23
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**HOWE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**F.T. Weyerhaeuser**

Mailing Address 30 7th St E Suite 2000

City St. Paul State MN Zip Code 55101

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

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2015

**Transaction ID : SA11AI.4254**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Michael Wilson**

Mailing Address Box 162

City Red Wing State MN Zip Code 55066

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

Name of Employer Wilson Oil Company Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2015

**Transaction ID : SA11AI.4253**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1000.00

39055.00

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

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

FOR LINE NUMBER: PAGE 17 OF 23  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**HOWE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**John Howe**

Mailing Address 2345 S Oak Drive

City State Zip Code  
Red Wing MN 55066

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

Name of Employer Self Occupation Property Development

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 31 2015

**Transaction ID : SA13A.4384**

Amount of Each Receipt this Period  
100000.00

Personal Loan

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

100000.00

100000.00

**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 23			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**HOWE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Capitol Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2015
Mailing Address 10969 Pierce St NE		Amount of Each Disbursement this Period 800.00 <b>Transaction ID : SB17.4315</b>
City Blaine	State MN	
Zip Code 55434	Purpose of Disbursement 001	
Candidate Name <b>HOWE FOR CONGRESS</b>		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN	District:	

Full Name (Last, First, Middle Initial) <b>B. Capitol Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2015
Mailing Address 10969 Pierce St NE		Amount of Each Disbursement this Period 4500.00 <b>Transaction ID : SB17.4321</b>
City Blaine	State MN	
Zip Code 55434	Purpose of Disbursement Consulting 001	
Candidate Name <b>HOWE FOR CONGRESS</b>		Category/ Type
Office Sought: <input 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: MN	District:	

Full Name (Last, First, Middle Initial) <b>c. Capitol Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2015
Mailing Address 10969 Pierce St NE		Amount of Each Disbursement this Period 59.71 <b>Transaction ID : SB17.4326</b>
City Blaine	State MN	
Zip Code 55434	Purpose of Disbursement Reimbursement 004	
Candidate Name <b>HOWE FOR CONGRESS</b>		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5359.71
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 23	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**HOWE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Checkerboard Internet Services</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2015
Mailing Address 350 Burnsville Pkwy #350		Amount of Each Disbursement this Period 2001.20 <b>Transaction ID : SB17.4316</b>
City Burnsville	State MN	
Zip Code 55337	Purpose of Disbursement Website Management	Category/ Type 004
Candidate Name <b>HOWE FOR CONGRESS</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MN District:	

Full Name (Last, First, Middle Initial) <b>B. Checkerboard Internet Services</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 350 Burnsville Pkwy #350		Amount of Each Disbursement this Period 298.00 <b>Transaction ID : SB17.4328</b>
City Burnsville	State MN	
Zip Code 55337	Purpose of Disbursement Web Hosting	Category/ Type 004
Candidate Name <b>HOWE FOR CONGRESS</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MN District:	

Full Name (Last, First, Middle Initial) <b>c. SCM Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address 1283 Main St.		Amount of Each Disbursement this Period 18425.51 <b>Transaction ID : SB17.4324</b>
City Dublin	State NH	
Zip Code 03444	Purpose of Disbursement Mailing	Category/ Type 003
Candidate Name <b>HOWE FOR CONGRESS</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MN District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	20724.71
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 23		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**HOWE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Signworx</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015
Mailing Address 315 West 5th St		Amount of Each Disbursement this Period 239.96 <b>Transaction ID : SB17.4325</b>
City Red Wing	State MN	
Zip Code 55066	Purpose of Disbursement Signs	Category/ Type 004
Candidate Name <b>HOWE FOR CONGRESS</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MN District:	

Full Name (Last, First, Middle Initial) <b>B. Wellspring Group</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015
Mailing Address 7809 Southtown Center		Amount of Each Disbursement this Period 6800.00 <b>Transaction ID : SB17.4314</b>
City Bloomington	State MN	
Zip Code 55431	Purpose of Disbursement Fundraising	Category/ Type 003
Candidate Name <b>HOWE FOR CONGRESS</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MN District:	

Full Name (Last, First, Middle Initial) <b>c. Wellspring Group</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2015
Mailing Address 7809 Southtown Center		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB17.4323</b>
City Bloomington	State MN	
Zip Code 55431	Purpose of Disbursement Fundraising	Category/ Type 003
Candidate Name <b>HOWE FOR CONGRESS</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MN District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10039.96
<b>TOTAL</b> This Period (last page this line number only).....	36124.38

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**HOWE FOR CONGRESS**

Transaction ID : **SC/10.4392**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2016

**John Howe**

Primary  
 General  
 Other (specify) ▼

Mailing Address  
2345 S Oak Drive

City State ZIP Code  
Red Wing MN 55066

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
300000.00 0.00 300000.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
09 / 30 / 2015 M M / D D / 12/30/16 0.00 % (apr)  Yes  No

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

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

**SUBTOTALS** This Period This Page (optional)..... 300000.00

**TOTALS** This Period (last page in this line only).....

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

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**HOWE FOR CONGRESS**

Transaction ID : **SC/10.4393**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**John Howe**

**[PERSONAL FUNDS]**

Election: 2016

Primary  
 General  
 Other (specify) ▼

Mailing Address  
2345 S Oak Drive

City State ZIP Code  
Red Wing MN 55066

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200000.00	0.00	200000.00

**TERMS**

Date Incurred: M 09 / D 30 / Y 2015  
 Date Due: M / D / Y 12/30/16  
 Interest Rate: 0.00 % (apr)  
 Secured:  Yes  No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	200000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

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

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

NAME OF COMMITTEE (In Full) **HOWE FOR CONGRESS** Transaction ID : **SC/10.4384**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2016  
**John Howe**  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
2345 S Oak Drive

City State ZIP Code  
Red Wing MN 55066

Original Amount of Loan 100000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100000.00
--------------------------------------	------------------------------------	--

**TERMS**

Date Incurred: M 12 / D 31 / Y 2015  
Date Due: M / D / Y 12/31/2016  
Interest Rate: 0.00 % (apr)  
Secured:  Yes  No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	100000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	600000.00

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