

# 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

PAULA OVERBY FOR CONGRESS

ADDRESS (number and street)

835 CLIFF ROAD

Check if different than previously reported. (ACC)

EAGAN

MN

55123

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼

C C00548727

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

MN

02

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

M M

/ D D

/ Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M 11

/ D D 08

/ Y Y Y Y 2016

in the State of

MN

5. Covering Period

M M 10

/ D D 20

/ Y Y Y Y 2016

through

M M 11

/ D D 28

/ Y Y Y Y 2016

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 Overby, Paula, Mirare, ,

Signature of Treasurer Overby, Paula, Mirare, ,

[Electronically Filed]

Date

M M 12

/ D D 08

/ Y Y Y Y 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name  
**PAULA OVERBY 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))....	200.00	0.00
(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)).....	200.00	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	1852.98	0.00
(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)).....	1852.98	0.00
8. Cash on Hand at Close of Reporting Period (from Line 27).....	50.00	
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).....	1201.61	

**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 05/2016)

Write or Type Committee Name

**PAULA OVERBY FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	100.00	0.00
(ii) Unitemized .....	100.00	0.00
(iii) TOTAL of contributions from individuals ▶	200.00	0.00
(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))..	200.00	0.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	670.17	0.00
(b) All Other Loans.....	200.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	870.17	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	1070.17	0.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 11

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1852.98	0.00
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) ►	1852.98	0.00

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	832.81
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1070.17
25. SUBTOTAL (add Line 23 and Line 24).....	1902.98
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1852.98
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	50.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 11  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)  
**PAULA OVERBY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Glæfke, Brook, , ,**

Mailing Address 45 4th Ave N Unit 104

City: Minneapolis State: MN Zip Code: 55401

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

Name of Employer: Self Occupation: consulting

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 500.00

Date of Receipt: 10 / 24 / 2016

Transaction ID : SA11AI.4160

Amount of Each Receipt this Period: 0.00

Memo Item

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

Mailing Address 15 1st St unit 420-a

City: Minneapolis State: MN Zip Code: 55401

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

Name of Employer: Hamline University Occupation: teacher

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 729.44

Date of Receipt: 10 / 31 / 2016

Transaction ID : SA11AI.4211

Amount of Each Receipt this Period: 100.00

Memo Item

**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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	100.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 11  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**PAULA OVERBY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Overby, Paula, Mirare, ,**

Mailing Address **835 CLIFF ROAD**

City **EAGAN** State **MN** Zip Code **55129**

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

Name of Employer **EGS** Occupation **Call Center Agent**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**670.17**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 07 / 2016**

**Transaction ID : SA13A.4235**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **670.17**

Memo Item

**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  
 \_\_\_\_\_

Memo Item

**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  
 \_\_\_\_\_

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>670.17</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>670.17</b>

# 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 11	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**PAULA OVERBY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Swan, Wallace, , ,**

Mailing Address 15 1st St unit 420-a

City Minneapolis	State MN	Zip Code 55401
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FEC ID number of contributing federal political committee. **C**

Name of Employer Hamline University	Occupation teacher
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Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
629.44

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 20 / 2016

**Transaction ID : SA13B.4233**

Amount of Each Receipt this Period  
200.00

Memo Item  
newspaper advertising

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

Mailing Address

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

Name of Employer	Occupation
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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

Memo Item

**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

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	200.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	200.00

# 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 8 OF 11	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**PAULA OVERBY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Southwest Newspapers</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2016	
Mailing Address 12925 Eagle Creek Parkway Rd			FEC Identification Number C	
City Savage	State MN	Zip Code 55378	Amount of Each Disbursement this Period 936.00	
Purpose of Disbursement Newspaper ads		Category/ Type 004	Transaction ID : SB17.4223	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item	
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) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	936.00
<b>TOTAL</b> This Period (last page this line number only).....▶	936.00



# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **PAULA OVERBY FOR CONGRESS** Transaction ID : **SC/10.4235**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Overby, Paula, Mirare, , <input type="checkbox"/> Memo Item		Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 835 CLIFF ROAD		
City EAGAN	State MN	ZIP Code 55129
		<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 670.17	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 670.17
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<b>TERMS</b>	Date Incurred M 11 / D 07 / Y 2016	Date Due M M / D D / Y 11/30/2017	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------	---------------------------------------	--------------------------------------	--	---

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	670.17
<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) **PAULA OVERBY FOR CONGRESS** Transaction ID : **SC/10.4175**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Swan, Wallace, , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 15 1st St unit 420-a			
City Minneapolis	State MN	ZIP Code 55401	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 331.44	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 331.44
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<b>TERMS</b>	Date Incurred M 09 / D 12 / Y 2016	Date Due M M / D D / Y 11/01/2017	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	331.44
<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) **PAULA OVERBY FOR CONGRESS** Transaction ID : **SC/10.4233**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Swan, Wallace, , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 15 1st St unit 420-a			
City Minneapolis	State MN	ZIP Code 55401	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200.00	0.00	200.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 10 / D 20 / Y 2016	M M / D D / Y 11/01/2017	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	200.00
<b>TOTALS</b> This Period (last page in this line only).....▶	1201.61

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