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15 JUL 21 AM 10: 07

PAGE 1/13

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

McFadden for Senate

ADDRESS (number and street) ▼ PO Box 4039

☐ Check if different than previously reported. (ACC)

Saint Paul MN 55104 -

2. FEC IDENTIFICATION NUMBER ▼ C C00545921

CITY ▲ STATE ▲ ZIP CODE ▲

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

STATE ▼ DISTRICT MN 00

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 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

Covering Period MM 04 / DD 01 / YYYY 2015 through MM 06 / DD 30 / YYYY 2015

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

ype or Print Name of Treasurer Kate Lind

gnature of Treasurer *Kate Lind* Date MM 07 / DD 15 / YYYY 2015

OTE: 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							

AN018

FEC FORM 3
(Revised 02/2003)

2015072200228764

FEC Form 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
McFadden for Senate

Report Covering the Period: From: 04 / 01 / 2015 To: 06 / 30 / 2015

	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)) ...	114.00	6954142.67
(b) Total Contribution Refunds (from Line 20(d)) ..	0.00	28281.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ...	114.00	6925861.67
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	4079.20	6858353.74
(b) Total Offsets to Operating Expenditures (from Line 14)...	11738.79	8530.03
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ...	-7659.59	6849823.71
8. Cash on Hand at Close of Reporting Period (from Line 27)...	15312.37	
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)...	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)...	45800.00	

For further information contact:

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

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

2015072202002287659

FEC Form 3 (Revised 12/2003)

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

McFadden for Senate

Report Covering the Period: From: 04 / 01 / 2015 To: 06 / 30 / 2015

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)...	100.00	5421325.79
(ii) Unitemized	14.00	1113866.88
(iii) TOTAL of contributions from individuals . ▶	114.00	6535192.67
(b) Political Party Committees...	0.00	6400.00
(c) Other Political Committees (such as PACs)...	0.00	407350.00
(d) The Candidate	0.00	5200.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))...	114.00	6954142.67
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..	0.00	92642.14
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	0.00	0.00
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..	11738.79	8530.03
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	450.39
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)... ▶	11852.79	7055765.23

2015072202002287 66

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	4079.20	6858353.74
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	26881.00
(b) Political Party Committees...	0.00	1400.00
(c) Other Political Committees (such as PACs)...	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	0.00	28281.00
21. OTHER DISBURSEMENTS...	0.00	475.00
22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶	4079.20	6887109.74

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	7538.78
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	11852.79
25. SUBTOTAL (add Line 23 and Line 24)...	19391.57
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	4079.20
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	15312.37

2015072202028767

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)
[X] 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)
McFadden for Senate

A.
Full Name (Last, First, Middle Initial): MR. HAROLD G. BROWN
Mailing Address: 1336 WALNUT ST
City: KINGMAN
State: KS
Zip Code: 67068-1061
FEC ID number of contributing federal political committee: C
Name of Employer: INFORMATION REQUESTED PER BEST EFFC
Occupation: INFORMATION REQUESTED PER BEST EFF
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify)
Election Cycle-to-Date: 700.00
Date of Receipt: 04 / 03 / 2015
Transaction ID : SA11.32054
Amount of Each Receipt this Period: 100.00
CONTRIBUTION

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: / /
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: / /
Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) 100.00

TOTAL This Period (last page this line number only) 100.00

2015072202002287768

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)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☒ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
McFadden for Senate

A.
Full Name (Last, First, Middle Initial): METRO SALES
Mailing Address: 1620 E 78TH STREET
City: MINNEAPOLIS State: MN Zip Code: 55104
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 3807.52
Date of Receipt: 06 / 11 / 2015
Transaction ID : SA14.1928
Amount of Each Receipt this Period: 3807.52
REIMBURSEMENT FOR OVERPAYMENT

B.
Full Name (Last, First, Middle Initial): MINNESOTA WORKERS' COMPENSATION ASSIGNED RISK PLAN
Mailing Address: 5600 W 83RD ST
8200 TOWER, SUITE 1100
City: MINNEAPOLIS State: MN Zip Code: 55437
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 710.00
Date of Receipt: 04 / 03 / 2015
Transaction ID : SA14.1924
Amount of Each Receipt this Period: 710.00
REIMBURSEMENT

C.
Full Name (Last, First, Middle Initial): PAYROLL TAX TRUST
Mailing Address: 17390 BROOKHURST ST
City: FOUNTAIN VALLEY State: CA Zip Code: 92708
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 3481.07
Date of Receipt: 04 / 23 / 2015
Transaction ID : SA14.1929
Amount of Each Receipt this Period: 3481.07
REIMBURSEMENT FOR OVERPAYMENT

SUBTOTAL of Receipts This Page (optional) 7998.59

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

201507220200228769

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)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☒ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
McFadden for Senate

A.
Full Name (Last, First, Middle Initial): PINNACLE DIRECT, INC.
Mailing Address: 15260 113TH ST N
City: STILLWATER State: MN Zip Code: 55082-9575
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 3728.50
Date of Receipt: 04 / 03 / 2015
Transaction ID : SA14.1923
Amount of Each Receipt this Period: 942.85
LIST RENTAL

B.
Full Name (Last, First, Middle Initial): PINNACLE DIRECT, INC.
Mailing Address: 15260 113TH ST N
City: STILLWATER State: MN Zip Code: 55082-9575
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 3728.50
Date of Receipt: 04 / 23 / 2015
Transaction ID : SA14.1925
Amount of Each Receipt this Period: 1815.67
LIST RENTAL

C.
Full Name (Last, First, Middle Initial): PINNACLE DIRECT, INC.
Mailing Address: 15260 113TH ST N
City: STILLWATER State: MN Zip Code: 55082-9575
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 3728.50
Date of Receipt: 06 / 11 / 2015
Transaction ID : SA14.1926
Amount of Each Receipt this Period: 571.22
LIST RENTAL

SUBTOTAL of Receipts This Page (optional) 3329.74

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

2015072202002287 70

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)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☒ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
McFadden for Senate

A.
Full Name (Last, First, Middle Initial): PINNACLE DIRECT, INC.
Mailing Address: 15260 113TH ST N
City: STILLWATER State: MN Zip Code: 55082-9575
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 3728.50

Date of Receipt: 06 / 11 / 2015
Transaction ID : SA14.1927
Amount of Each Receipt this Period: 398.76
LIST RENTAL

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
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
Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) 398.76

TOTAL This Period (last page this line number only) 11727.09

2015072202002287771

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
McFadden for Senate

A. Full Name (Last, First, Middle Initial)
ARENA ONLINE

Mailing Address 1780 WEST SEQUOIA VISTA CR

City: SALT LAKE CITY State: UT Zip Code: 84104

Purpose of Disbursement: EMAIL MANAGEMENT

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 04 / 14 / 2015

Amount of Each Disbursement this Period: 335.00

Transaction ID : SB17.I1933

B. Full Name (Last, First, Middle Initial)
ASPECT CONSULTING LLC

Mailing Address 8401 EXCELSIOR DRIVE #103

City: MADISON State: WI Zip Code: 53717

Purpose of Disbursement: TREASURER CONSULTING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 04 / 17 / 2015

Amount of Each Disbursement this Period: 250.00

Transaction ID : SB17.I1939

C. Full Name (Last, First, Middle Initial)
FEDEX OFFICE

Mailing Address 1344 TOWN CENTRE DR

City: EAGAN State: MN Zip Code: 55123-2310

Purpose of Disbursement: REPORT PRINTING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 04 / 09 / 2015

Amount of Each Disbursement this Period: 92.68

Transaction ID : SB17.I1930

SUBTOTAL of Disbursements This Page (optional) 677.68

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

201507220200228772

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
McFadden for Senate

A. Full Name (Last, First, Middle Initial)
GOOGLE INC.

Mailing Address 1600 AMPHITHEATRE PKWY

City: MOUNTAIN VIEW State: CA Zip Code: 94043-1351

Purpose of Disbursement: EMAIL SERVICE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 06 / 03 / 2015

Amount of Each Disbursement this Period: 2.58

Transaction ID : SB17.I1940

B. Full Name (Last, First, Middle Initial)
PROTECH BUSINESS SOLUTIONS

Mailing Address 3247 TYLER STREET NE

City: MINNEAPOLIS State: MN Zip Code: 55121

Purpose of Disbursement: EQUIPMENT RENTAL - DEBT PAYMENT

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 04 / 17 / 2015

Amount of Each Disbursement this Period: 3130.00

Transaction ID : SB17.I1941

C. Full Name (Last, First, Middle Initial)
US BANCORP

Mailing Address U.S. BANCORP CENTER
800 NICOLLET MALL

City: MINNEAPOLIS State: MN Zip Code: 55402

Purpose of Disbursement: ANALYSIS SERVICE CHARGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 04 / 14 / 2015

Amount of Each Disbursement this Period: 32.95

Transaction ID : SB17.I1932

SUBTOTAL of Disbursements This Page (optional) 3165.53

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

201507220200228773

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
McFadden for Senate

A. Full Name (Last, First, Middle Initial)
US BANCORP

Mailing Address U.S. BANCORP CENTER
800 NICOLLET MALL

City: MINNEAPOLIS State: MN Zip Code: 55402

Purpose of Disbursement: ANALYSIS SERVICE CHARGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 05 / 14 / 2015

Amount of Each Disbursement this Period: 32.95

Transaction ID : SB17.I1934

B. Full Name (Last, First, Middle Initial)
US BANCORP

Mailing Address U.S. BANCORP CENTER
800 NICOLLET MALL

City: MINNEAPOLIS State: MN Zip Code: 55402

Purpose of Disbursement: ANALYSIS SERVICE CHARGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 06 / 12 / 2015

Amount of Each Disbursement this Period: 32.95

Transaction ID : SB17.I1935

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) 65.90

TOTAL This Period (last page this line number only) 3909.11

2015072202002287774

FE5AN018

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
McFadden for Senate

Transaction ID : 040915A

LOAN SOURCE Full Name (Last, First, Middle Initial)
MICHAEL MCFADDEN *[PERSONAL FUNDS]*

Election: 2014
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
25 SUNNYSIDE LANE

City	State	ZIP Code
SUNFISH LAKE	MN	55118

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
45800.00	0.00	45800.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
01 / 14 / 2015	12 / 31 / 2016	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional)... ▶ 45800.00

TOTALS This Period (last page in this line only)... ▶ 45800.00

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

2015072202002287 75

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

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
McFadden for Senate

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
ARENA ONLINE

Nature of Debt (Purpose):
ONLINE SERVICES

Mailing Address 1780 W SEQUOIA VISTA CIRCLE

City: SALT LAKE CITY State: UT Zip Code: 84104

Outstanding Balance Beginning This Period: 335.00

Transaction ID : 040915B

Amount Incurred This Period: 0.00

Payment This Period: 335.00

Outstanding Balance at Close of This Period: 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Protech Business Systems

Nature of Debt (Purpose):
Office Equipment Rental

Mailing Address 3247 Tyler Street NE

City: Minneapolis State: MN Zip Code: 55121

Outstanding Balance Beginning This Period: 3130.00

Transaction ID : 000000023

Amount Incurred This Period: 0.00

Payment This Period: 3130.00

Outstanding Balance at Close of This Period: 0.00

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) ... ▶	0.00
2) **TOTALS** This Period (last page this line number only) ... ▶	0.00
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) ▶	

2015072202002287776

201507

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL

7015 1520 0002 2602 1527

UNITED STATES POSTAL SERVICE

1000 20013

U.S. POSTAGE PAID
STILLWATER,MN
55082
JUL 15, 15
AMOUNT
$5.09
00102484-13

ch
Way
N.
55082

TO:

Office of Public Records
PO Box 77578
Washington, DC
20013-7578

SCREENED BY THE ST

JULIE ADAMS
SECRETARY

JA K. MACCALLUM
SUPERINTENDENT
ART SENATE OFFICE BUILDIN(
SUITE 232
WASHINGTON, DC 20510-71:
PHONE (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____ _____
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED 7/15/15
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	☐
UPS	_____	☐
DHL	_____	☐
AIRBORNE EXPRESS	_____	☐

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE ☐ POSTMARK ☐

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER DH DATE PREPARED 7-21-15

2/28/2015

2015072202002287778

SEN PATCH

SEN PATCH

2015072202002287779