

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED FEC MAIL CENTER 2016 JUL 26 AM 11:57 Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

Minnesotans For Bob Helland

ADDRESS (number and street)

1030 Feltl Ct #139

Check if different than previously reported. (ACC)

Hopkins MN 55343

CITY

STATE

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C00587907

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE DISTRICT

MN

06

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

5. Covering Period

04/01/2016 through 06/30/2016

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 Robert R. Helland

Signature of Treasurer

[Handwritten Signature]

Date

07/29/2016

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

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

Write or Type Committee Name

Minnesota for Bob Holland

Report Covering the Period: From:

04 ' 8 P ' 20 Y Y Y

To:

06 ' 3 D ' 20 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))....

1845.00

4643.00

(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))

1845.00

4643.00

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17)

1278.22

399.222

(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))

1278.22

399.222

Cash on Hand at Close of
Reporting Period (from Line 27)

640.78

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)

0.00

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

FEC Form 3 (Revised 12/2003)

of Receipts

Page 3

Write or Type Committee Name

Minnesotans for Bob Holland

Report Covering the Period: From:

MM 04 / **DD** 01 / **YYYY** 2012

To:

MM 06 / **DD** 30 / **YYYY** 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).....

750⁰⁰

1,058⁰⁰

(ii) Unitemized.....

795⁰⁰

1,205⁰⁰

(iii) TOTAL of contributions from individuals ▶

1,545⁰⁰

2,263⁰⁰

(b) Political Party Committees.....

0⁰⁰

0⁰⁰

(c) Other Political Committees (such as PACs).....

0⁰⁰

0⁰⁰

(d) The Candidate.....

30,000

23,800⁰⁰

(e) TOTAL CONTRIBUTIONS

(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

18,450⁰⁰

46,430⁰⁰

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

0⁰⁰

0⁰⁰

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0⁰⁰

0⁰⁰

(b) All Other Loans.....

0⁰⁰

0⁰⁰

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

0⁰⁰

0⁰⁰

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

0⁰⁰

0⁰⁰

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

0⁰⁰

0⁰⁰

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

18,450⁰⁰

46,430⁰⁰

NON-FEDERAL CAMPAIGN FINANCING

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS

**COLUMN A
Total This Period**

**COLUMN B
Election Cycle-to-Date**

17. OPERATING EXPENDITURES.....

1,278.22

3,992.22

18. TRANSFERS TO OTHER
AUTHORIZED COMMITTEES.....

—

—

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed
by the Candidate.....

—

—

(b) Of All Other Loans.....

—

—

(c) TOTAL LOAN REPAYMENTS
(add Lines 19(a) and (b)).....

—

—

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other
Than Political Committees.....

—

—

(b) Political Party Committees.....

—

—

(c) Other Political Committees
(such as PACs).....

—

—

(d) TOTAL CONTRIBUTION REFUNDS
(add Lines 20(a), (b), and (c)).....

—

—

21. OTHER DISBURSEMENTS.....

—

—

22. TOTAL DISBURSEMENTS
(add Lines 17, 18, 19(c), 20(d), and 21) ▶

1,278.22

3,992.22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

74.00

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

1,845.00

25. SUBTOTAL (add Line 23 and Line 24).....

1,919.00

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

1,278.22

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD
(subtract Line 26 from Line 25).....

640.78

**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 1 OF 1	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)
Minneapolis for Bob Holland

A. Full Name (Last, First, Middle Initial)
Sean White

Mailing Address
410 Richard Dr.

City
New Market State
MN Zip Code
55054

FEC ID number of contributing federal political committee.
C

Name of Employer
Consultant Occupation
IT Security

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
30000

Date of Receipt
05 / 14 / 2016

Amount of Each Receipt this Period
25000

B. Full Name (Last, First, Middle Initial)
Kelly Flesch

Mailing Address
1030 Feltr Ct #139

City
Hopkins State
MN Zip Code
55343

FEC ID number of contributing federal political committee.
C

Name of Employer
XGA Occupation
underwriter

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
80800

Date of Receipt
05 / 26 / 2016

Amount of Each Receipt this Period
50000

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) *75000*

TOTAL This Period (last page this line number only) *75000*

20160514

**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 1 OF 1
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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)
Minnesotans for Bob Holland

A. Full Name (Last, First, Middle Initial)
Justin Lewandowski

Mailing Address
688 W Benton Dr

City *Sauk Rapids* State *MN* Zip Code *56379*

Purpose of Disbursement
Field Consultant Category/Type *001*

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

Date of Disbursement: *05/12/2016*

Amount of Each Disbursement this Period: *3000*

Full Name (Last, First, Middle Initial)
Lovartown Printing

Mailing Address
125 9th St E

City *St. Paul* State *MN* Zip Code *55101*

Purpose of Disbursement
T-Shirts Category/Type *006*

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

Date of Disbursement: *05/13/2016*

Amount of Each Disbursement this Period: *39040*

C. Full Name (Last, First, Middle Initial)
MN Secretary of State

Mailing Address
60 Empire Dr. #100

City *St. Paul* State *MN* Zip Code *55103*

Purpose of Disbursement
Filing fee Category/Type *001*

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

Date of Disbursement: *05/20/2016*

Amount of Each Disbursement this Period: *3000*

SUBTOTAL of Disbursements This Page (optional)..... *99040*

TOTAL This Period (last page this line number only)..... *99040*

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) 13a 13b

NAME OF COMMITTEE (In Full)

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

Election:
 Primary
 General
 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:
 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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

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.

2016-07-26 09:00:00 AM

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	
		Amount of Loan	Interest Rate (APR)
		Full Name	%
		Mailing Address	
City	State	Zip Code	Date Due

A. Has loan been restructured? No Yes If yes, date originally incurred

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

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: _____

Date account established: _____ Address: _____

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	DATE
Typed Name	
Signature	

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		DATE
Typed Name		
Signature	Title	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

PAGE OF

FOR LINE NUMBER: (check only one)

9
10

NAME OF COMMITTEE (In Full)

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

[Empty box for Outstanding Balance Beginning This Period]

Amount Incurred This Period

[Empty box for Amount Incurred This Period]

Payment This Period

[Empty box for Payment This Period]

Outstanding Balance at Close of This Period

[Empty box for 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

[Empty box for Outstanding Balance Beginning This Period]

Amount Incurred This Period

[Empty box for Amount Incurred This Period]

Payment This Period

[Empty box for Payment This Period]

Outstanding Balance at Close of This Period

[Empty box for 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

[Empty box for Outstanding Balance Beginning This Period]

Amount Incurred This Period

[Empty box for Amount Incurred This Period]

Payment This Period

[Empty box for Payment This Period]

Outstanding Balance at Close of This Period

[Empty box for 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)

[Empty boxes for summary calculations]

FEC FORM 3Z (File with Form 3)

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full) <i>Minnesotans For Bob</i>		Report Covering Period: From: <i>09/01/2016</i> To: <i>06/30/2016</i>				
Committee Name <i>Holland</i>		(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees		(b) Line No. 11(b) Total Contributions From Political Party Committees		
A	<i>Minnesotans For Bob Holland</i>	<i>1545⁰⁰</i>		<i>0</i>		
B	Column Total Last Page Only.....	<i>1545⁰⁰</i>		<i>0</i>		
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A	<i>0</i>	<i>300⁰⁰</i>	<i>1,845⁰⁰</i>	<i>0⁰⁰</i>	<i>0</i>	<i>0</i>
B	<i>0</i>	<i>300⁰⁰</i>	<i>1,845⁰⁰</i>	<i>0</i>	<i>0</i>	<i>0</i>
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A	<i>0</i>	<i>0</i>	<i>0</i>	<i>1,845⁰⁰</i>	<i>1278²²</i>	<i>0</i>
B	<i>0</i>	<i>0</i>	<i>0</i>	<i>1,845⁰⁰</i>	<i>1278²²</i>	<i>0</i>
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
B	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A	<i>0</i>	<i>0</i>	<i>1,278²²</i>	<i>740⁰⁷</i>	<i>640.78</i>	<i>0</i>
B	<i>0</i>	<i>0</i>			<i>640.78</i>	<i>0</i>
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A	<i>0</i>	<i>1845⁰⁰</i>	<i>1,278²²</i>			
B	<i>0</i>	<i>1845⁰⁰</i>	<i>1,278²²</i>			

57774-0000 1 W0 1 0 N 1 N 0 1 0 H 0 N

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20463



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FROM: (PLEASE PRINT) Bob Holland PHONE (651) 402 5864
1030 E. HICR #139
Hopkins, MN 55343

PAYMENT BY ACCOUNT (if applicable)
USPS Corporate Acct. No. _____ Federal Agency Acct. No. or Postal Service™ Acct. No. _____

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 SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.
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999 E Street NW
Washington DC 20463
ZIP + 4® (U.S. ADDRESSES ONLY) 20463

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Postage	Scheduled Delivery Date (MM/DD/YYYY)	Insurance Fee	Live Animal Transportation Fee
\$ <u>22.95</u>	<u>7/29</u>	\$	\$
Weight	Scheduled Delivery Time	Return Receipt Fee	Total Postage & Fees
ozs. <u>1.0</u>	<input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input checked="" type="checkbox"/> 12 NOON	\$	\$ <u>22.95</u>
Rate	10:30 AM Delivery Fee	Live Animal Transportation Fee	
\$	\$	\$	
<input type="checkbox"/> Flat Rate	Sunday/Holiday Premium Fee	Employee Signature	
\$	\$		
DELIVERY (POSTAL SERVICE USE ONLY)			
Delivery Attempt (MM/DD/YYYY) Time	Employee Signature	Delivery Attempt (MM/DD/YYYY) Time	Employee Signature

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2016 JUL 26 AM 11:57

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July 2013 OD:12



