

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED FEC MAIL CENTER 2018 APR 13 AM 11:47

Office Use Only

12FE4M5

1. NAME OF COMMITTEE (in full) TYPE OR PRINT

Example: If typing, type over the lines.

Kirsten Kennedy for Congress

ADDRESS (number and street) P.O. BOX 219



Check if different than previously reported. (ACC)

North Branch MN 55056-0219

CITY

STATE

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C00670927

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE DISTRICT

MN 08

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

DD

YYYYYY

in the State of

MN

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



General (30G)



Runoff (30R)



Special (30S)

Election on

MM

DD

YYYYYY

in the State of

5. Covering Period

MM DD

DD

YYYYYY

through

MM DD

DD

YYYYYY

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 Kirsten Kennedy

Signature of Treasurer

[Handwritten Signature]

Date

MM DD

DD

YYYYYY

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 05/2016)

20180413 11:47:00 AM

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Page 2

Write or Type Committee Name

*Kirsten Kennedy for Congress*

Report Covering the Period: From:

*02* / *11* / *2018*

To:

*03* / *31* / *2018*

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	6,217.81	6,217.81
(b) Total Contribution Refunds (from Line 20(d)) .....		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	6,217.81	6,217.81
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	3,478.01	3,478.01
(b) Total Offsets to Operating Expenditures (from Line 14) .....		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	3,478.01	3,478.01
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) .....</b>	2,739.81	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>		
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	2,891.04	

**For further information contact:**

Federal Election Commission  
1050 First Street, N.E.  
Washington, DC 20463

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

20180331 11:01 AM

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Page 3

Write or Type Committee Name

*Kirsten Kennedy for Congress*

Report Covering the Period: From:

*02* / *11* / *2018*

To:

*03* / *31* / *2018*

**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).....

*5,337.59*

*5,337.59*

(ii) Unitemized.....

*880.32*

*880.32*

(iii) TOTAL of contributions from individuals ▶

*6,217.81*

*6,217.81*

(b) Political Party Committees.....

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

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

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

*6,217.81*

*6,217.81*

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

13. LOANS:

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

(b) All Other Loans.....

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

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

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

*07*

*07*

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

*6,217.88*

*6,217.88*

20180331 11:40:00 AM

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

Page 4

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

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

17. OPERATING EXPENDITURES.....	3,478.01	3,478.01
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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	3,478.01	3,478.01

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	000
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6,217.88
25. SUBTOTAL (add Line 23 and Line 24).....	6,217.88
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3,478.01
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2,739.87

20190508 10:41:50 AM

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

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

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)  
**Kirsten Kennedy for Congress**

**A. Waldock, David D**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
**PO Box 95**  
 City  
**Lindstrom** State  
**Mn** Zip Code  
**55045**  
 FEC ID number of contributing federal political committee.  
**C00670927**  
 Name of Employer  
 Occupation  
**Retired**  
 Receipt For:  
 Primary  General  
 Other (specify)

Date of Receipt  
 M M M D D Y Y Y Y Y Y  
**02 20 2018**  
 Amount of Each Receipt this Period  
**500.00**  
 Memo Item **Cash**

**B. Swenson Barb**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
**7850 Casselberry**  
 City  
**North Branch** State  
**Mn** Zip Code  
**55056**  
 FEC ID number of contributing federal political committee.  
**C00670927**  
 Name of Employer  
 Occupation  
**ISO 138 Teacher**  
 Receipt For:  
 Primary  General  
 Other (specify)

Date of Receipt  
 M M M D D Y Y Y Y Y Y  
**02 24 2018**  
 Amount of Each Receipt this Period  
**300.00**  
 Memo Item **Cash**

**C. Bloomquist, Kathy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
**6044 Cedar St**  
 City  
**North Branch** State  
**Mn** Zip Code  
**55056**  
 FEC ID number of contributing federal political committee.  
**C00670927**  
 Name of Employer  
 Occupation  
**Retired**  
 Receipt For:  
 Primary  General  
 Other (specify)

Date of Receipt  
 M M M D D Y Y Y Y Y Y  
**03 01 2018**  
 Amount of Each Receipt this Period  
**250.00**  
 Memo Item **Cash**

**SUBTOTAL** of Receipts This Page (optional) ..... **1,050.00**  
**TOTAL** This Period (last page this line number only) .....

NO. 10-04-11-01-0000000000

**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 2 OF 5
	<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)  
*Kirsten Kennedy for Congress*

A. *Chandler, Marni*  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: *1218 Harvard Ave*  
 City: *Salt Lake City* State: *Ut* Zip Code: *84105*  
 Date of Receipt: *03/05/2018*  
 Amount of Each Receipt this Period: *300.00*  
 Name of Employer: *Intermountain Health Care* Occupation: *Operations Director*  
 Receipt For:  Primary  General  Other (specify)  Election Cycle-to-Date: *300.00*  
 Memo Item *Cash*

B. *Rager Janice*  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: *33452 SeaBright Dr*  
 City: *Dana Point* State: *Ca* Zip Code: *92629*  
 Date of Receipt: *03/18/2018*  
 Amount of Each Receipt this Period: *500.00*  
 Name of Employer: *Secure Auth* Occupation: *Cybersecurity Sales*  
 Receipt For:  Primary  General  Other (specify)  Election Cycle-to-Date: *500.00*  
 Memo Item *Cash*

C. *Swanson Basil*  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: *2724 Rio Grande Blvd NW*  
 City: *Albuquerque* State: *Nm* Zip Code: *87104*  
 Date of Receipt: *03/30/2018*  
 Amount of Each Receipt this Period: *500.00*  
 Name of Employer: Occupation: *Retired*  
 Receipt For:  Primary  General  Other (specify)  Election Cycle-to-Date: *500.00*  
 Memo Item *Cash*  
*in kind*

SUBTOTAL of Receipts This Page (optional) ..... *1300.00*  
 TOTAL 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: PAGE 3 OF 5  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kirsten Kennedy for Congress

Full Name (Last, First, Middle Initial)  
A. Erickson, Cindy  
 Mailing Address  
6500 Maple St  
 City  
North Branch State  
Mn Zip Code  
55056  
 FEC ID number of contributing federal political committee.  
C00670927  
 Name of Employer  
Hazelden Betty Ford Occupation  
Travel Manager  
 Receipt For:  
 Primary  General  
 Other (specify)  Election Cycle-to-Date  
100.00

Date of Receipt  

M	M	D	D	Y	Y	Y	Y
0	2	2	9	2	0	1	8

 Amount of Each Receipt this Period  

1	0	0	0
---	---	---	---

 Memo Item Cash

Full Name (Last, First, Middle Initial)  
B. Erickson, Cindy  
 Mailing Address  
6500 Maple St  
 City  
North Branch State  
Mn Zip Code  
55056  
 FEC ID number of contributing federal political committee.  
C00670927  
 Name of Employer  
Hazelden Betty Ford Occupation  
Travel Manager  
 Receipt For:  
 Primary  General  
 Other (specify)  Election Cycle-to-Date  
229.00

Date of Receipt  

M	M	D	D	Y	Y	Y	Y
0	3	2	3	2	0	1	8

 Amount of Each Receipt this Period  

1	2	9	0	0
---	---	---	---	---

 Memo Item in kind

Full Name (Last, First, Middle Initial)  
C. Swenson Barb  
 Mailing Address  
7850 Casselberry  
 City  
North Branch State  
Mn Zip Code  
55056  
 FEC ID number of contributing federal political committee.  
C00670927  
 Name of Employer  
ISD 138 Occupation  
Teacher  
 Receipt For:  
 Primary  General  
 Other (specify)  Election Cycle-to-Date  
784.29

Date of Receipt  

M	M	D	D	Y	Y	Y	Y
0	3	2	0	2	0	1	8

 Amount of Each Receipt this Period  

4	8	4	2	9
---	---	---	---	---

 Memo Item in kind to REIMBURSE

SUBTOTAL of Receipts This Page (optional) ..... 713.29  
 TOTAL This Period (last page this line number only) .....

2018-04-11 10:01:00 AM





**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 5  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kirsten Kennedy for Congress

Full Name (Last, First, Middle Initial)  
Kennedy, Kirsten

A. Mailing Address  
7149 378th St

City North Branch State MN Zip Code 55056

FEC ID number of contributing federal political committee. C 10000

Name of Employer Self Employed Occupation Grant Facilitator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date 227430

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
02 / 13 / 2018

Amount of Each Receipt this Period  
10000

Memo Item used to open campaign checking account

Full Name (Last, First, Middle Initial)

B. 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

Memo Item

Full Name (Last, First, Middle Initial)

C. 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

Memo Item

SUBTOTAL of Receipts This Page (optional) ..... 10000

TOTAL This Period (last page this line number only) ..... 523759

NOTICE OF INFORMATION

**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 4

17     18     19a     19b  
20a    20b    20c    21

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NAME OF COMMITTEE (In Full)

*Kirsten Kennedy for Congress*

Full Name (Last, First, Middle Initial)

Date of Disbursement

*03 / 20 / 2018*

A. *Swenson, Barb*

Mailing Address

*1850 Casselberry*

City

*North Branch*

State

*Mn*

Zip Code

*55056*

Purpose of Disbursement

*Reimburse for printing and supplies See Below*

Candidate Name

*Kirsten Kennedy*

Category/  
Type

FEC Identification Number

*C00670927*

Amount of Each Disbursement this Period

*484291*

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary     General  
 Other (specify) ▼

State: *Mn*

District: *8*

Memo Item

Full Name (Last, First, Middle Initial)

Date of Disbursement

*03 / 02 / 2018*

B. *Impact Printing*

Mailing Address

*1067 Rice St*

City

*St Paul*

State

*Mn*

Zip Code

*55117*

Purpose of Disbursement

*Printing*

Candidate Name

*Kirsten Kennedy*

Category/  
Type

FEC Identification Number

*C00670927*

Amount of Each Disbursement this Period

*323.63*

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary     General  
 Other (specify) ▼

State: *Mn*

District: *8*

Memo Item

*Reimburse Barb Swenson*

Full Name (Last, First, Middle Initial)

Date of Disbursement

*02 / 17 / 2018*

C. *Impact Printing*

Mailing Address

*1067 Rice St*

City

*St Paul*

State

*Mn*

Zip Code

*55117*

Purpose of Disbursement

*Printing*

Candidate Name

*Kirsten Kennedy*

Category/  
Type

FEC Identification Number

*C00670927*

Amount of Each Disbursement this Period

*10243*

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary     General  
 Other (specify) ▼

State: *Mn*

District: *8*

Memo Item

*Reimburse Barb Swenson*

SUBTOTAL of Disbursements This Page (optional).....▶

*48429*

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

2018-01-11 10:40:00 AM

**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)

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

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NAME OF COMMITTEE (In Full)

*Kirsten Kennedy for Congress*

Full Name (Last, First, Middle Initial)

A. *Impact Printing*

Mailing Address

*1067 Rice St*

City

*St Paul*

State

*Mn*

Zip Code

*55117*

Purpose of Disbursement

*Printing*

Candidate Name

*Kirsten Kennedy*

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

*Mn*

District:

*8*

Full Name (Last, First, Middle Initial)

Date of Disbursement

*03 / 09 / 2018*

FEC Identification Number

*C00670927*

Amount of Each Disbursement this Period

*24.27*

Memo Item

*Reimburse Barb Swenson*

B. *Kirsten Kennedy*

Mailing Address

*7149 378th St*

City

*North Branch*

State

*Mn*

Zip Code

*55056*

Purpose of Disbursement

*Kirsten Kennedy reimburse her carpool*

Candidate Name

*Kirsten Kennedy*

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

*Mn*

District:

*8*

Full Name (Last, First, Middle Initial)

Date of Disbursement

*02 / 28 / 2018*

FEC Identification Number

*C00670927*

Amount of Each Disbursement this Period

*520.68*

Memo Item

*Hotel, Food Gas*

C. *Pier B Resort*

Mailing Address

*800 W Railroad St*

City

*Duluth*

State

*Mn*

Zip Code

*55802*

Purpose of Disbursement

*Hotel Room Rental*

Candidate Name

*Kirsten Kennedy*

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

*Mn*

District:

*8*

Date of Disbursement

*02 / 14 / 2018*

FEC Identification Number

*C00670927*

Amount of Each Disbursement this Period

*118.35*

Memo Item

*reimburse Kirsten Kennedy*

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

*520.68*

TOTAL 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)			
	<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)  
*Kingsten Kennedy for Congress*

A. *Pier B Resort*

Mailing Address: *800 W Railroad St*

City: *Duluth* State: *Mn* Zip Code: *55802*

Purpose of Disbursement: *Food*

Candidate Name: *Kingsten Kennedy* Category/Type: [ ]

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

State: *Mn* District: *8*

Date of Disbursement: *02 / 17 / 2018*

FEC Identification Number: *C00670927*

Amount of Each Disbursement this Period: *39.59*

Memo Item *Reimburse Kingsten Kennedy*

B. *Pier B Resort*

Mailing Address: *800 W Railroad St*

City: *Duluth* State: *Mn* Zip Code: *55802*

Purpose of Disbursement: *Food*

Candidate Name: *Kingsten Kennedy* Category/Type: [ ]

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

State: *Mn* District: *8*

Date of Disbursement: *02 / 19 / 2018*

FEC Identification Number: *C00670927*

Amount of Each Disbursement this Period: *6.00*

Memo Item *Reimburse Kingsten Kennedy*

C. *Natural Spaces Domes*

Mailing Address: *37955 Bridge Rd*

City: *North Branch* State: *Mn* Zip Code: *55056*

Purpose of Disbursement: *Register Domain Names*

Candidate Name: *Kingsten Kennedy* Category/Type: [ ]

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

State: *Mn* District: *8*

Date of Disbursement: *02 / 10 / 2018*

FEC Identification Number: *C00670927*

Amount of Each Disbursement this Period: *24.39*

Memo Item *Register Domain Names*

SUBTOTAL of Disbursements This Page (optional) ..... *243.2*

TOTAL This Period (last page this line number only) ..... *243.2*

2018-02-19 10:40:00 AM



**SCHEDULE D (FEC Form 3)  
DEBTS AND OBLIGATIONS**

**Excluding Loans**

NAME OF COMMITTEE (In Full)  
*Kirsten Kennedy for Congress*

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>Kennedy Kirsten</i>	Nature of Debt (Purpose): <i>Lodging and food while campaigning</i>
Mailing Address <i>7149 378th st</i>	
City <i>North Branch</i> State <i>Mn</i> Zip Code <i>55056</i>	

Outstanding Balance Beginning This Period <i>0.00</i>	Amount Incurred This Period <i>2,096.30</i>	Payment This Period <i>5,206.8</i>	Outstanding Balance at Close of This Period <i>1,575.62</i>
--	--	---------------------------------------	--

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>Natural Spaces Domes</i>	Nature of Debt (Purpose): <i>Printing, web design office rent</i>
Mailing Address <i>37955 Bridge Rd</i>	
City <i>North Branch</i> State <i>Mn</i> Zip Code <i>55056</i>	

Outstanding Balance Beginning This Period <i>0.00</i>	Amount Incurred This Period <i>1,339.74</i>	Payment This Period <i>243.2</i>	Outstanding Balance at Close of This Period <i>1,315.42</i>
--	--	-------------------------------------	--

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

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

1) SUBTOTALS This Period This Page (optional) .....	
2) TOTALS This Period (last page this line number only) .....	<i>2,891.04</i>
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) .....	<i>2,891.04</i>

20160501 10:40:00 AM

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