

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
DR. NOEL COLLIS FOR CONGRESS

ADDRESS (number and street) 136 GOLF VIEW DRIVE
PO BOX 358
Check if different than previously reported. (ACC) ALBANY MN 56307
CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C C00718676
3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE DISTRICT MN 07

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 MM/DD/YYYY through MM/DD/YYYY
07 / 01 / 2019 through 09 / 30 / 2019

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 CLEMENS, DAVID, , ,
Signature of Treasurer CLEMENS, DAVID, , , [Electronically Filed] Date MM/DD/YYYY 10 / 15 / 2019

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
DR. NOEL COLLIS 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))....	25800.00	25800.00
(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)).....	25800.00	25800.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	7231.88	7231.88
(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)).....	7231.88	7231.88
8. Cash on Hand at Close of Reporting Period (from Line 27).....	128568.12	
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).....	110000.00	

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 05/2016)

Write or Type Committee Name

DR. NOEL COLLIS FOR CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2019 To: M M / D D / Y Y Y Y 09 / 30 / 2019

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).....	21800.00	21800.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	21800.00	21800.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	4000.00	4000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	25800.00	25800.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	110000.00	110000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	110000.00	110000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	135800.00	135800.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	7231.88	7231.88
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. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	7231.88	7231.88

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	135800.00
25. SUBTOTAL (add Line 23 and Line 24).....	135800.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	7231.88
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	128568.12

**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 13
(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)
DR. NOEL COLLIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FREETHY, ROBERT, , ,
 Mailing Address 261 SUNRIDGE WAY
 City VACAVILLE State CA Zip Code 95688
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation FUNDRAISING
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : SA11AI.4119
 Amount of Each Receipt this Period
 5600.00
 Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
FREETHY, ROBERT, , ,
 Mailing Address 261 SUNRIDGE WAY
 City VACAVILLE State CA Zip Code 95688
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation FUNDRAISING
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : SA11AI.4124
 Amount of Each Receipt this Period
 - 2800.00
 Memo Item
REDESIGNATE: GENERAL 2020

C. Full Name (Last, First, Middle Initial)
FREETHY, ROBERT, , ,
 Mailing Address 261 SUNRIDGE WAY
 City VACAVILLE State CA Zip Code 95688
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation FUNDRAISING
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : SA11AI.4125
 Amount of Each Receipt this Period
 2800.00
 Memo Item
REDESIGNATE: GENERAL 2020

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

5600.00

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

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NAME OF COMMITTEE (In Full)
DR. NOEL COLLIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FREETHY, SANDRA, , ,

Mailing Address 261 SUNRIDGE WAY

City VACAVILLE	State CA	Zip Code 95688
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED	Occupation FUNDRAISING
-----------------------------------	---------------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2019

Transaction ID : SA11AI.4121

Amount of Each Receipt this Period
 _____ 5600.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
FREETHY, SANDRA, , ,

Mailing Address 261 SUNRIDGE WAY

City VACAVILLE	State CA	Zip Code 95688
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED	Occupation FUNDRAISING
-----------------------------------	---------------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2019

Transaction ID : SA11AI.4127

Amount of Each Receipt this Period
 _____ - 2800.00

Memo Item
REDESIGNATE: GENERAL 2020

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

Mailing Address 261 SUNRIDGE WAY

City VACAVILLE	State CA	Zip Code 95688
-------------------	-------------	-------------------

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

Name of Employer SELF-EMPLOYED	Occupation FUNDRAISING
-----------------------------------	---------------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2019

Transaction ID : SA11AI.4128

Amount of Each Receipt this Period
 _____ 2800.00

Memo Item
REDESIGNATE: GENERAL 2020

SUBTOTAL of Receipts This Page (optional).....▶	_____ 5600.00
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 7 OF 13
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DR. NOEL COLLIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
REISDORFER, JOAN, , ,

Mailing Address 2704 W 29TH STREET

City: SIOUX FALLS State: SD Zip Code: 57105

FEC ID number of contributing federal political committee: C

Name of Employer: VAMC Occupation: NURSE

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt: 09 / 25 / 2019

Transaction ID : SA11AI.4112

Amount of Each Receipt this Period: 5000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
REISDORFER, JOAN, , ,

Mailing Address 2704 W 29TH STREET

City: SIOUX FALLS State: SD Zip Code: 57105

FEC ID number of contributing federal political committee: C

Name of Employer: VAMC Occupation: NURSE

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 09 / 25 / 2019

Transaction ID : SA11AI.4115

Amount of Each Receipt this Period: - 2200.00

Memo Item
Redesignate: CONTRIBUTION

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

Mailing Address 2704 W 29TH STREET

City: SIOUX FALLS State: SD Zip Code: 57105

FEC ID number of contributing federal political committee: C

Name of Employer: VAMC Occupation: NURSE

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 09 / 25 / 2019

Transaction ID : SA11AI.4116

Amount of Each Receipt this Period: 2200.00

Memo Item
REDESIGNATE: GENERAL 2020

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

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

5000.00

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

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

FOR LINE NUMBER: PAGE 8 OF 13
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DR. NOEL COLLIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SPRENGELER, SARAH, , ,

Mailing Address 3340 QUEENS ROAD

City ALEXANDRIA State MN Zip Code 56308

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

Name of Employer DOUGLAS COUNTY HOSPITAL Occupation PHARMACIST

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2019

Transaction ID : SA11AI.4134

Amount of Each Receipt this Period
5600.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SPRENGELER, SARAH, , ,

Mailing Address 3340 QUEENS ROAD

City ALEXANDRIA State MN Zip Code 56308

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

Name of Employer DOUGLAS COUNTY HOSPITAL Occupation PHARMACIST

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2019

Transaction ID : SA11AI.4137

Amount of Each Receipt this Period
- 2800.00

Memo Item
Redesignate: CONTRIBUTION

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

Mailing Address 3340 QUEENS ROAD

City ALEXANDRIA State MN Zip Code 56308

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

Name of Employer DOUGLAS COUNTY HOSPITAL Occupation PHARMACIST

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2019

Transaction ID : SA11AI.4138

Amount of Each Receipt this Period
2800.00

Memo Item
REDESIGNATE: GENERAL 2020

SUBTOTAL of Receipts This Page (optional).....▶	5600.00
TOTAL This Period (last page this line number only).....▶	21800.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 13
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DR. NOEL COLLIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
COLLIS, NOEL, , ,

Mailing Address 136 GOLF VIEW DRIVE

City ALBANY State MN Zip Code 56307

FEC ID number of contributing federal political committee. **C** HOMN07109

Name of Employer DR. NOEL COLLIS FOR CONGRESS Occupation CANDIDATE

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 07 / 2019

Transaction ID : SA11D.4107

Amount of Each Receipt this Period
4000.00

Memo Item
CANDIDATE 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
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

SUBTOTAL of Receipts This Page (optional).....▶	4000.00
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: PAGE 10 OF 13
(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)
DR. NOEL COLLIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
COLLIS, NOEL, , ,

Mailing Address 136 GOLF VIEW DRIVE

City ALBANY State MN Zip Code 56307

FEC ID number of contributing federal political committee. **C** HOMN07109

Name of Employer DR. NOEL COLLIS FOR CONGRESS Occupation CANDIDATE

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
104000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 24 / 2019

Transaction ID : SA13A.4132

Amount of Each Receipt this Period
100000.00

Memo Item
CANDIDATE LOAN

B. Full Name (Last, First, Middle Initial)
COLLIS, NOEL, , ,

Mailing Address 136 GOLF VIEW DRIVE

City ALBANY State MN Zip Code 56307

FEC ID number of contributing federal political committee. **C** HOMN07109

Name of Employer DR. NOEL COLLIS FOR CONGRESS Occupation CANDIDATE

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
114000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2019

Transaction ID : SA13A.4133

Amount of Each Receipt this Period
10000.00

Memo Item
CANDIDATE LOAN

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

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

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

110000.00

110000.00

**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 11 OF 13	
	<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)
DR. NOEL COLLIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2019
Mailing Address 1920 MCKINNEY AVENUE 7TH SLOOR		FEC Identification Number C C00718676
City DALLAS	State TX	Zip Code 75201
Purpose of Disbursement CREDIT CARD FEES	Category/Type 001	Amount of Each Disbursement this Period 200.30
Candidate Name DR. NOEL COLLIS FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MN	District: 07	Transaction ID : SB17.4110 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. PIRRON, KYLE, , ,		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2019
Mailing Address 1400 WARREN STREET APT. H20		FEC Identification Number C C00718676
City MANKATO	State MN	Zip Code 56001
Purpose of Disbursement CAMPAIGN CONSULTING	Category/Type 001	Amount of Each Disbursement this Period 5000.00
Candidate Name DR. NOEL COLLIS FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MN	District: 07	Transaction ID : SB17.4117 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. RINGHAND, DEREK, , ,		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2019
Mailing Address 245 JAYCEE CT APT. 308		FEC Identification Number C C00718676
City MANKATO	State MN	Zip Code 56001
Purpose of Disbursement CAMPAIGN CONSULTING	Category/Type 001	Amount of Each Disbursement this Period 2000.00
Candidate Name DR. NOEL COLLIS FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MN	District: 07	Transaction ID : SB17.4130 <input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	7200.30
TOTAL This Period (last page this line number only).....▶	7200.30

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **DR. NOEL COLLIS FOR CONGRESS** Transaction ID : **SC/10.4132**

LOAN SOURCE Full Name (Last, First, Middle Initial) COLLIS, NOEL, , ,		<input type="checkbox"/> Memo Item	Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 136 GOLF VIEW DRIVE			
City ALBANY	State MN	ZIP Code 56307	<input checked="" type="checkbox"/> Personal Funds of the Candidate

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 09 / D 24 / Y 2019	Date Due M M / D D / Y 12/31/2020	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input checked="" type="checkbox"/> Yes <input 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:

SUBTOTALS This Period This Page (optional).....▶	100000.00
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

NAME OF COMMITTEE (In Full) **DR. NOEL COLLIS FOR CONGRESS** Transaction ID : **SC/10.4133**

LOAN SOURCE Full Name (Last, First, Middle Initial) COLLIS, NOEL, , ,		<input type="checkbox"/> Memo Item	Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 136 GOLF VIEW DRIVE			
City ALBANY	State MN	ZIP Code 56307	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 09 / D 30 / Y 2019	M M / D D / Y 12/31/2020	0.00 % (apr)	<input checked="" type="checkbox"/> Yes <input 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:

SUBTOTALS This Period This Page (optional).....▶	10000.00
TOTALS This Period (last page in this line only).....▶	110000.00

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