

# 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

Byberg for Congress

ADDRESS (number and street)

PO Box 429

Check if different than previously reported. (ACC)

Willmar

MN

56201

2. FEC IDENTIFICATION NUMBER ▼

C C00474452

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

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

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 /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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 Elaine A Edberg

Signature of Treasurer Elaine A Edberg

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: 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

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Byberg 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))....	60	4289.95
(b) Total Contribution Refunds (from Line 20(d)) .....		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	60	4289.95
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	530.12	27477.21
(b) Total Offsets to Operating Expenditures (from Line 14).....		3412.05
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	530.12	24065.16
8. Cash on Hand at Close of Reporting Period (from Line 27).....	959.54	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	112433.63	

**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 12/2003)

Write or Type Committee Name

**Byberg for Congress**

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

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).....	<input type="text"/>	2000
(ii) Unitemized.....	<input type="text"/>	229.95
(iii) TOTAL of contributions from individuals ▶	<input type="text"/>	2229.95
(b) Political Party Committees.....	<input type="text"/>	
(c) Other Political Committees (such as PACs).....	<input type="text"/>	2000
(d) The Candidate.....	<input type="text"/>	
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	60	4289.95
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	<input type="text"/>	<input type="text"/>
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	<input type="text"/>	3073
(b) All Other Loans.....	<input type="text"/>	
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	<input type="text"/>	3073
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	<input type="text"/>	3412.05
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	<input type="text"/>	285
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	60	11060

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	530.12	27477.21
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) ▶	530.12	27477.21

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1429.66
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	60
25. SUBTOTAL (add Line 23 and Line 24).....	1489.66
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	530.12
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	959.54

**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 5 OF 18
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 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)  
**Byberg for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Vidar Lee Byberg**

Mailing Address 2505 Country Club Dr NE

City Willmar State MN Zip Code 56201-2189

FEC ID number of contributing federal political committee. **C** HOMN07059

Name of Employer Candidate Occupation Candidate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
60

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2014

**Transaction ID : SA11D-CN3952**

Amount of Each Receipt this Period  
60  
2/1/13 - 5/1/13 Website Hosting

In-Kind Received 2/1/13 - 5/1/13 Website Hosting

**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

**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

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

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

60.00

60.00

**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 6 OF 18			
	<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	

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NAME OF COMMITTEE (In Full)  
**Byberg for Congress**

Full Name (Last, First, Middle Initial) <b>A. Anfinson Thompson &amp; Company</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 1604 South 1st Street Suite 260			Amount of Each Disbursement this Period 429.63
City Willmar	State MN	Zip Code 56201	Transaction ID : <b>SB17-EX1523</b>
Purpose of Disbursement November 2012 bookkeeping/accounting		Category/Type 001	
Candidate Name		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	November 2012 bookkeeping/accounting
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. Anfinson Thompson &amp; Company</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 1604 South 1st Street Suite 260			Amount of Each Disbursement this Period 20.37
City Willmar	State MN	Zip Code 56201	Transaction ID : <b>SB17-EX1524</b>
Purpose of Disbursement Accounting/Bookkeeping Services December 2012		Category/Type 001	
Candidate Name		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Accounting/Bookkeeping Services December 2012
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>c. Vidar Lee Byberg</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2014
Mailing Address 2505 Country Club Dr NE			Amount of Each Disbursement this Period 60.00
City Willmar	State MN	Zip Code 56201	Transaction ID : <b>SB17-CN3952</b>
Purpose of Disbursement IN-KIND RECEIVED 2/1/13 - 5/1/13 Website Hosting		Category/Type	
Candidate Name <b>Vidar Lee Byberg</b>		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	In-Kind Received 2/1/13 - 5/1/13 Website Hosting
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	510.00
<b>TOTAL</b> This Period (last page this line number only).....	510.00

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
Byberg for Congress

Transaction ID : SC10-LN2

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

[PERSONAL FUNDS]

Election: 2010

Vidar Byberg

Primary

General

Other (specify) ▼

Mailing Address

2505 Country Club Dr NE

City

State

ZIP Code

Willmar

MN

56201

Original Amount of Loan

50000

Cumulative Payment To Date

34180.60

Balance Outstanding at Close of This Period

15819.40

**TERMS**

Date Incurred

M 03 / D 30 / Y 2010

Date Due

M 12 / D 31 / Y 2013

Interest Rate

0.00 % (apr)

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:

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)..... ▶

15819.40

**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**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**Byberg for Congress**

Transaction ID : **SC10-LN3**

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

**[PERSONAL FUNDS]**

Election: 2010

**Vidar Byberg**

Primary

General

Other (specify) ▼

Mailing Address

2505 Country Club Dr NE

City

State

ZIP Code

Willmar

MN

56201

Original Amount of Loan

25000

Cumulative Payment To Date

.00

Balance Outstanding at Close of This Period

25000.00

**TERMS**

Date Incurred

M 10 / D 13 / Y 2010

Date Due

M 12 / D 31 / Y 2013

Interest Rate

0.00 % (apr)

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:

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)..... ▶

25000.00

**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**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**Byberg for Congress**

Transaction ID : **SC10-LN4**

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

**[PERSONAL FUNDS]**

Election: 2012

**Vidar Byberg**

Primary

General

Other (specify) ▼

Mailing Address

2505 Country Club Dr NE

City

State

ZIP Code

Willmar

MN

56201

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

40000

.00

40000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 06 /

D 28 /

Y 2012 Y

M 12 /

D 31 /

Y 2013 Y

0.00

% (apr)

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:

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)..... ▶

40000.00

**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**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
Byberg for Congress

Transaction ID : SC10-LN5

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

[PERSONAL FUNDS]

Election: 2012

Vidar Byberg

Primary

General

Other (specify) ▼

Mailing Address

2505 Country Club Dr NE

City

State

ZIP Code

Willmar

MN

56201

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1000

.00

1000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

10 / 22 / 2012

10 / 24 / 2013

0.00 % (apr)

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:

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)..... ▶

1000.00

**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**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**Byberg for Congress**

Transaction ID : **SC10-LN6**

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

**[PERSONAL FUNDS]**

Election: 2012

**Vidar Byberg**

Primary

General

Other (specify) ▼

Mailing Address

2505 Country Club Dr NE

City

State

ZIP Code

Willmar

MN

56201

Original Amount of Loan

25000

Cumulative Payment To Date

.00

Balance Outstanding at Close of This Period

25000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 10 / D 29 / Y 2012 Y

M 10 / D 29 / Y 2013 Y

0.00 % (apr)

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:

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)..... ▶

25000.00

**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**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**Byberg for Congress**

Transaction ID : **SC10-LN7**

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

**[PERSONAL FUNDS]**

Election: 2014

**Vidar Byberg**

Primary

General

Other (specify) ▼

Mailing Address

2505 Country Club Dr NE

City

State

ZIP Code

Willmar

MN

56201

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

500

.00

500.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 12<sup>M</sup> / D 17<sup>D</sup> / Y 2012<sup>Y</sup>

M 12<sup>M</sup> / D 17<sup>D</sup> / Y 2013<sup>Y</sup>

M 12<sup>M</sup> / D 17<sup>D</sup> / Y 2013<sup>Y</sup>

M 12<sup>M</sup> / D 17<sup>D</sup> / Y 2013<sup>Y</sup>

M 12<sup>M</sup> / D 17<sup>D</sup> / Y 2013<sup>Y</sup>

M 12<sup>M</sup> / D 17<sup>D</sup> / Y 2013<sup>Y</sup>

M 12<sup>M</sup> / D 17<sup>D</sup> / Y 2013<sup>Y</sup>

0.00 % (apr)

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:

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).....

500.00

**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) **Byberg for Congress** Transaction ID : **SC10-LN8**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014  
**Vidar Byberg**  Primary  
 Mailing Address 2505 Country Club Dr NE General  
 Other (specify) ▼

City State ZIP Code  
 Willmar MN 56201

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1700	.00	1700.00

**TERMS** Date Incurred Date Due Interest Rate Secured:  
 M 10 / D 27 / Y 2013 M 10 / D 27 / Y 2014 0.00 % (apr)  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: [ ]
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)..... ▶ 1700.00  
**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**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**Byberg for Congress**

Transaction ID : **SC10-LN9**

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

**[PERSONAL FUNDS]**

Election: 2014

**Vidar Byberg**

Primary  
 General  
 Other (specify) ▼

Mailing Address  
2505 Country Club Dr NE

City State ZIP Code  
Willmar MN 56201

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
873 .00 873.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
11 / 04 / 2013 11 / 04 / 2014 0.00 % (apr)  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:
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)..... ▶ 873.00  
**TOTALS** This Period (last page in this line only)..... ▶ 109892.40

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

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

NAME OF COMMITTEE (In Full)  
**Byberg for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RDL &amp; Associates LLC</b>	Nature of Debt (Purpose): Invoice: General Consulting for July - Sept 2012
Mailing Address 670 - F Kingfisher Lane	
City State Zip Code Woodbury MN 55125	

Outstanding Balance Beginning This Period 1284.60	<b>Transaction ID : SD10-INV1404</b>	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 1284.60

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RDL &amp; Associates LLC</b>	Nature of Debt (Purpose): Invoice: General Consulting Oct 1 - 31 2012
Mailing Address 670 - F Kingfisher Lane	
City State Zip Code Woodbury MN 55125	

Outstanding Balance Beginning This Period 306.40	<b>Transaction ID : SD10-INV1457</b>	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 306.40

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Anfinson Thompson &amp; Company</b>	Nature of Debt (Purpose): Invoice: November 2012 bookkeeping/accounting
Mailing Address 1604 South 1st Street Suite 260	
City State Zip Code Willmar MN 56201	

Outstanding Balance Beginning This Period 429.63	<b>Transaction ID : SD10-INV1508</b>	
Amount Incurred This Period .00	Payment This Period 429.63	Outstanding Balance at Close of This Period .00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	1591.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

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

(Use separate schedule(s) for each numbered line)	PAGE 16 OF 18
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Byberg for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Anfinson Thompson &amp; Company</b>	Nature of Debt (Purpose): Invoice: Accounting/Bookkeeping Services December 2012
Mailing Address 1604 South 1st Street Suite 260	
City State Zip Code Willmar MN 56201	

Outstanding Balance Beginning This Period 106.25	<b>Transaction ID : SD10-INV1520</b>	
Amount Incurred This Period .00	Payment This Period 20.37	Outstanding Balance at Close of This Period 85.88

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Anfinson Thompson &amp; Company</b>	Nature of Debt (Purpose): Invoice: Monthly Payroll Bookkeeping Accounting Services
Mailing Address 1604 South 1st Street Suite 260	
City State Zip Code Willmar MN 56201	

Outstanding Balance Beginning This Period 544.71	<b>Transaction ID : SD10-INV1526</b>	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 544.71

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Anfinson Thompson &amp; Company</b>	Nature of Debt (Purpose): Invoice: Monthly Accounting Sevices
Mailing Address 1604 South 1st Street Suite 260	
City State Zip Code Willmar MN 56201	

Outstanding Balance Beginning This Period 49.30	<b>Transaction ID : SD10-INV1527</b>	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 49.30

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	679.89
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	0.00



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

NAME OF COMMITTEE (In Full)

**Byberg for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Anfinson Thompson &amp; Company</b>		Nature of Debt (Purpose): Invoice: Monthly Accounting Sevices
Mailing Address 1604 South 1st Street Suite 260		
City State	Zip Code	
Willmar MN	56201	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-INV1528</b>	
<input type="text" value="21.25"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value="21.25"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Anfinson Thompson &amp; Company</b>		Nature of Debt (Purpose): Invoice: Monthly Accounting Sevices
Mailing Address 1604 South 1st Street Suite 260		
City State	Zip Code	
Willmar MN	56201	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-INV1529</b>	
<input type="text" value="35.42"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value="35.42"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Anfinson Thompson &amp; Company</b>		Nature of Debt (Purpose): Invoice: December 2013 Bookkeeping/Accounting
Mailing Address 1604 South 1st Street Suite 260		
City State	Zip Code	
Willmar MN	56201	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-INV1533</b>	
<input type="text" value="155.83"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value="155.83"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="212.50"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>

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

NAME OF COMMITTEE (In Full)  
**Byberg for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Anfinson Thompson &amp; Company</b>		Nature of Debt (Purpose): Invoice: Bookkeeping/Accounting Finance Charges
Mailing Address 1604 South 1st Street Suite 260		
City State	Zip Code	
Willmar MN	56201	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-INV1536</b>	
.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
57.84	.00	57.84

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

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	57.84
2) <b>TOTALS</b> This Period (last page this line number only) .....	2541.23
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	109892.40
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	112433.63