FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS
16 MAR -1 PM 2:28
Office Use Only

1. NAME OF COMMITTEE (in full) — **TYPE OR PRINT ▼** — Example: If typing, type over the lines. 12FE4M5

ABELERY SENATE

ADDRESS (number and street) ▼ 600 EAST MAIN ST

☐ Check if different than previously reported. (ACC)

ANOKA

CITY ▲ — STATE ▲ MN — ZIP CODE ▲ 55303-

2. **FEC IDENTIFICATION NUMBER ▼** C00546630

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

STATE ▼ MN DISTRICT

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 10 / 01 / 2015 through 12 / 31 / 2015

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 BART WARD

Signature of Treasurer [signature] Date 02 / 28 / 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)

FE6AN023

2016030102000758 42

SUMMARY PAGE
of Receipts and Disbursements

FEC **Form 3** (Revised 02/2003)

Write or Type Committee Name
ABELERY SENATE

Report Covering the Period: From: 10 / 01 / 2015 To: 12 / 31 / 2015

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	0	160,054.52
(b) Total Contribution Refunds (from Line 20(d))	0	1,000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0	159,054.52
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	83.80	154,723.50
(b) Total Offsets to Operating Expenditures (from Line 14)	0	2,566.09
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	83.80	152,166.41
8. Cash on Hand at Close of Reporting Period (from Line 27)	7,695.11	
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	548.00	

For further information contact:

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

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

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DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3** (Revised 12/2003)

Write or Type Committee Name

ABELER 4 SENATE

Report Covering the Period: From: MM 10 / DD 01 / YYYY 2015 To: MM 12 / DD 31 / 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)...	0.00	118,191.52
(ii) Unitemized	0.00	41,733.00
(iii) TOTAL of contributions from individuals . ▶	0.00	159,924.52
(b) Political Party Committees...	0.00	0
(c) Other Political Committees (such as PACs)...	0.00	0
(d) The Candidate	0.00	130.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	160,054.52
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..	0.00	0
13. LOANS: (a) Made or Guaranteed by the Candidate...	0.00	548.00
(b) All Other Loans...	0.00	0
(c) TOTAL LOANS (add Lines 13(a) and (b))...	0.00	548.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)..	0.00	2566.09
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	403.54
16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)... ▶	0.00	163,572.15

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DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	83.80	154,739.50
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	1,000.00
(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	1,000.00
21. OTHER DISBURSEMENTS...	0.00	0.00
22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶	83.80	155,739.50

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	7,778.91
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	0.00
25. SUBTOTAL (add Line 23 and Line 24)...	83.80
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	0.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	7,695.11

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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 OF

[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 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): ABELER 4 SENATE

A.

Full Name (Last, First, Middle Initial): WARD + CO.

Mailing Address: 1918 1st AVE S.

City: ANOKA State: MN Zip Code: 55303

Purpose of Disbursement: office, phone, internet, computer

Candidate Name: JIM ABELER

Category/Type:

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

State: District:

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

Date of Disbursement: MM 12 / DD 30 / YYYY 2015

Amount of Each Disbursement this Period: 74.80

[ ] Memo Item

B.

Full Name (Last, First, Middle Initial): ~~US POST OFFICE~~

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement:

Candidate Name:

Category/Type:

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

State: District:

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

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period:

[ ] Memo Item

C.

Full Name (Last, First, Middle Initial): CENTRAL BANK

Mailing Address: 3584 124TH AVE.

City: COON RAPIDS State: MN Zip Code: 55433

Purpose of Disbursement: ~~[illegible]~~ BANK FEE

Candidate Name: JIM ABELER

Category/Type:

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

State: District:

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

Date of Disbursement: MM 12 / DD 31 / YYYY 2015

Amount of Each Disbursement this Period: 9.00

[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶ 8380

FE6AN023

FEC Schedule B (Form 3) (Revised 12/2015)

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SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)
ABELER4SENATE

Transaction ID : SC/10.5558

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]*
Rep. JAMES J ABELER

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

Mailing Address
600 EAST MAIN STREET

City	State	ZIP Code
ANOKA	MN	55303

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
548.00	0.00	548.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 12 / Y 2014	M M / D D / Y 12/1/2014	0.00 % (apr)	[ ] Yes [X] 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)... ▶	548.00
TOTALS This Period (last page in this line only).. ▶	548.00

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

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Dr Jim Abeler
600 E Main St
Anoka, MN 55303-2527

MINNEAPOLIS MN 554

25 FEB 2016 PM 1 1

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JOE ADAM
SECRETAR

K. MACCALLUM
PERINTENDENT
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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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2/28/2015

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