

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) 555 3RD AVENUE NW SUITE B HUTCHINSON MN 55350-9326 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 04/01/2020 through 06/30/2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. CLEMENS, DAVID, , , Type or Print Name of Treasurer Signature of Treasurer [Electronically Filed] Date MM/DD/YYYY 07/09/2020

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

FEC Form 3 (Revised 05/2016)

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))....	1955.00	55665.00
(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)).....	1955.00	55665.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	238241.93	309004.45
(b) Total Offsets to Operating Expenditures (from Line 14).....	99.99	99.99
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	238141.94	308904.46
8. Cash on Hand at Close of Reporting Period (from Line 27).....	441760.54	
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).....	695000.00	

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: / / 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).....	750.00	49920.00
(ii) Unitemized	1205.00	1745.00
(iii) TOTAL of contributions from individuals	1955.00	51665.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate	0.00	4000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1955.00	55665.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	250000.00	695000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	250000.00	695000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	99.99	99.99
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).....	252054.99	750764.99

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	238241.93	309004.45
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) ►	238241.93	309004.45

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	427947.48
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	252054.99
25. SUBTOTAL (add Line 23 and Line 24).....	680002.47
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	238241.93
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	441760.54

**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 37
(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)
HUDDY, CHRISTINE, , ,

Mailing Address 9255 N. MAGNOLIA AVE SPC 172

City: SANTEE State: CA Zip Code: 92071

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt: 05 / 19 / 2020

Transaction ID : A876B46628E9C41D6A7A

Amount of Each Receipt this Period: 500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
LYKE, DDS, THOMAS, , ,

Mailing Address 1250 CAROLINA AVENUE NORTHWEST

City: HUTCHINSON State: MN Zip Code: 55350

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt: 06 / 26 / 2020

Transaction ID : A673C1741A842430E96E

Amount of Each Receipt this Period: 250.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

C. Full Name (Last, First, Middle Initial)
WINRED

Mailing Address PO BOX 9891

City: ARLINGTON State: VA Zip Code: 22219-1891

FEC ID number of contributing federal political committee: C

Name of Employer: Occupation:

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
375.00

Date of Receipt: 06 / 26 / 2020

Transaction ID : AB4B6D163DF8349C3962

Amount of Each Receipt this Period: 250.00

Memo Item
INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

SUBTOTAL of Receipts This Page (optional)..... ▶	750.00
TOTAL This Period (last page this line number only)..... ▶	750.00

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 37	
<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/>	<input type="checkbox"/> 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 56307-9326
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FEC ID number of contributing federal political committee. **C**

Name of Employer DR. NOEL COLLIS FOR CONGRESS	Occupation CANDIDATE
--	-------------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
699000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2020

Transaction ID : A08E5C9370244496DB3B

Amount of Each Receipt this Period
250000.00

Memo Item
CANDIDATE LOAN

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
-----	---	-----	---	---------

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
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250000.00
TOTAL This Period (last page this line number only).....▶	250000.00

**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 7 OF 37	
	<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. VISUAL MEDIA HD		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2020
Mailing Address 203 COOPER AVE. N.		FEC Identification Number C
City SAINT CLOUD	State MN	Zip Code 56303
Purpose of Disbursement MEDIA PRODUCTION	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 3000.00	
Office Sought: <input 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) ▼	Transaction ID : B451E7FD93E20487BA6F
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2020
Mailing Address 1400 MADISON AVENUE SUITE 328		FEC Identification Number C
City MANKATO	State MN	Zip Code 56001
Purpose of Disbursement POSTAGE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 835.10	
Office Sought: <input 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) ▼	Transaction ID : B7B0E7DA5404F4C63929
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. CAMPAIGN HQ		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2020
Mailing Address 109 W FRONT STREET		FEC Identification Number C
City BROOKLYN	State IA	Zip Code 52211
Purpose of Disbursement TELEMARKETING	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 1097.66	
Office Sought: <input 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) ▼	Transaction ID : BE9042D500F9D41F89AF
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	4932.76
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)	PAGE 8 OF 37			
	<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. HARLAND CLARKE			Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2020		
Mailing Address 15955 LA CANTERA PARKWAY					
City SAN ANTONIO	State TX	Zip Code 78256	FEC Identification Number C		
Purpose of Disbursement CHECKS			Amount of Each Disbursement this Period 116.13		
Candidate Name			Transaction ID : B2244970167234A32AD4		
Office Sought: <input 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) ▼		<input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) B. PARAGON PRINTING			Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2020		
Mailing Address 400 POPLAR STREET					
City MANKATO	State MN	Zip Code 56001	FEC Identification Number C		
Purpose of Disbursement PRINTING			Amount of Each Disbursement this Period 3313.75		
Candidate Name			Transaction ID : B857C46E882C8441F8E9		
Office Sought: <input 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) ▼		<input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) C. USPS			Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2020		
Mailing Address 1400 MADISON AVENUE SUITE 328					
City MANKATO	State MN	Zip Code 56001	FEC Identification Number C		
Purpose of Disbursement POSTAGE			Amount of Each Disbursement this Period 26.35		
Candidate Name			Transaction ID : BC993C0B4DC2146DE8FB		
Office Sought: <input 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) ▼		<input type="checkbox"/> Memo Item		
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	3456.23
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)	PAGE 9 OF 37			
	<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. USPS			Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2020		
Mailing Address 1400 MADISON AVENUE SUITE 328			FEC Identification Number C		
City MANKATO	State MN	Zip Code 56001	Amount of Each Disbursement this Period 1540.00		
Purpose of Disbursement POSTAGE		Category/ Type	Transaction ID : BAC11AF71EFB14B38B79		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input 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: District:					

Full Name (Last, First, Middle Initial) B. FACEBOOK			Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2020		
Mailing Address 1601 WILLOW ROAD			FEC Identification Number C		
City MENLO PARK	State CA	Zip Code 94025	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement WEB ADS		Category/ Type	Transaction ID : B3DB62EFC9EE644F0B15		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input 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: District:					

Full Name (Last, First, Middle Initial) C. FACEBOOK			Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2020		
Mailing Address 1601 WILLOW ROAD			FEC Identification Number C		
City MENLO PARK	State CA	Zip Code 94025	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement WEB ADS		Category/ Type	Transaction ID : B8672EA7DE95E41169E0		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input 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: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	1590.00
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)		PAGE 10 OF 37	
	<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. FACEBOOK			Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2020	
Mailing Address 1601 WILLOW ROAD			FEC Identification Number C	
City MENLO PARK	State CA	Zip Code 94025	Amount of Each Disbursement this Period 50.00	
Purpose of Disbursement WEB ADS		Category/ Type	Transaction ID : BC79CA0B64302435C819	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) B. FACEBOOK			Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2020	
Mailing Address 1601 WILLOW ROAD			FEC Identification Number C	
City MENLO PARK	State CA	Zip Code 94025	Amount of Each Disbursement this Period 35.00	
Purpose of Disbursement WEB ADS		Category/ Type	Transaction ID : B5433E342AA294BC9845	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) C. PARAGON PRINTING			Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2020	
Mailing Address 400 POPLAR STREET			FEC Identification Number C	
City MANKATO	State MN	Zip Code 56001	Amount of Each Disbursement this Period 1670.20	
Purpose of Disbursement PRINTING		Category/ Type	Transaction ID : B70D1C9AFBC3F40DF94D	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input 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: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	1755.20
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)		PAGE 11 OF 37	
	<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. USPS		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2020
Mailing Address 1400 MADISON AVENUE SUITE 328		FEC Identification Number C
City MANKATO	State MN	Zip Code 56001
Purpose of Disbursement POSTAGE		Amount of Each Disbursement this Period 1554.00
Candidate Name		Transaction ID : B935BA97DCC094E10AD5
Office Sought: <input 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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. PARAGON PRINTING		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2020
Mailing Address 400 POPLAR STREET		FEC Identification Number C
City MANKATO	State MN	Zip Code 56001
Purpose of Disbursement PRINTING		Amount of Each Disbursement this Period 1847.34
Candidate Name		Transaction ID : B145B62C77DA84B7B81E
Office Sought: <input 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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. ULINE		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2020
Mailing Address 12575 ULINE DRIVE		FEC Identification Number C
City PLEASANT PRAIRIE	State WI	Zip Code 53158
Purpose of Disbursement OFFICE SUPPLIES		Amount of Each Disbursement this Period 396.73
Candidate Name		Transaction ID : BF4A10DAAE2934965B08
Office Sought: <input 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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	3798.07
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)		PAGE 12 OF 37	
	<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. FACEBOOK			Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2020	
Mailing Address 1601 WILLOW ROAD			FEC Identification Number C	
City MENLO PARK	State CA	Zip Code 94025	Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement WEB ADS		Category/ Type	Transaction ID : B7F6FCA55D9264232BD3	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) B. FACEBOOK			Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2020	
Mailing Address 1601 WILLOW ROAD			FEC Identification Number C	
City MENLO PARK	State CA	Zip Code 94025	Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement WEB ADS		Category/ Type	Transaction ID : B808FECD46AB94FCBAB1	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) C. AVOCHATO			Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2020	
Mailing Address 530 HOWARD STREET			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94105	Amount of Each Disbursement this Period 1188.00	
Purpose of Disbursement TEXTING		Category/ Type	Transaction ID : B75E7103E6240423192F	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input 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: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	1688.00
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)	PAGE 13 OF 37			
	<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 04 / 30 / 2020		
Mailing Address 1920 MCKINNEY AVENUE 7TH SLOOR			FEC Identification Number C		
City DALLAS	State TX	Zip Code 75201	Amount of Each Disbursement this Period 8.30		
Purpose of Disbursement CREDIT CARD FEES		Category/ Type	Transaction ID : B39C062AC387B4F2CB21		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input 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: District:					

Full Name (Last, First, Middle Initial) B. FACEBOOK			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2020		
Mailing Address 1601 WILLOW ROAD			FEC Identification Number C		
City MENLO PARK	State CA	Zip Code 94025	Amount of Each Disbursement this Period 30.58		
Purpose of Disbursement WEB ADS		Category/ Type 001	Transaction ID : BF6FAE1C567DC40848F4		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input 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: District:					

Full Name (Last, First, Middle Initial) C. FACEBOOK			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2020		
Mailing Address 1601 WILLOW ROAD			FEC Identification Number C		
City MENLO PARK	State CA	Zip Code 94025	Amount of Each Disbursement this Period 250.00		
Purpose of Disbursement WEB ADS		Category/ Type 001	Transaction ID : BBA779BD2C3354C53819		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input 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: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	288.88
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)		PAGE 14 OF 37	
	<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. USPS		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2020
Mailing Address 1400 MADISON AVENUE SUITE 328		FEC Identification Number C
City MANKATO	State MN	Zip Code 56001
Purpose of Disbursement POSTAGE	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 1800.00
Office Sought: <input 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) ▼	Transaction ID : B4546FEC32394EFDB65
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. ANDERSON HUGHS PRODUCTIONS		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2020
Mailing Address 25033 COUNTY ROAD 7		FEC Identification Number C
City SAINT AUGUSTA	State MN	Zip Code 56301-7705
Purpose of Disbursement MEDIA PRODUCTION	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 5000.00
Office Sought: <input 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) ▼	Transaction ID : B34FFD4DC2EF942E288B
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. FACEBOOK		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2020
Mailing Address 1601 WILLOW ROAD		FEC Identification Number C
City MENLO PARK	State CA	Zip Code 94025
Purpose of Disbursement WEB ADS	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 400.00
Office Sought: <input 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) ▼	Transaction ID : B0AD725AF0E6C485889A
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	7200.00
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)	PAGE 15 OF 37			
	<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. GODADDY			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2020		
Mailing Address 14455 N HAYDEN ROAD 219			FEC Identification Number C		
City SCOTTSDALE	State AZ	Zip Code 85260-6993	Amount of Each Disbursement this Period 130.23		
Purpose of Disbursement WEBSITE		Category/ Type 001	Transaction ID : BF7DC177CDA334AFE90C		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input 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: District:					

Full Name (Last, First, Middle Initial) B. GODADDY			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2020		
Mailing Address 14455 N HAYDEN ROAD 219			FEC Identification Number C		
City SCOTTSDALE	State AZ	Zip Code 85260-6993	Amount of Each Disbursement this Period 25.58		
Purpose of Disbursement WEBSITE		Category/ Type 001	Transaction ID : B1E6FDD76CAE9478F80D		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input 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: District:					

Full Name (Last, First, Middle Initial) C. TOSTENSON CONSULTING			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2020		
Mailing Address 38064 441 AVENUE			FEC Identification Number C		
City NICOLLET	State MN	Zip Code 56074-4239	Amount of Each Disbursement this Period 20000.00		
Purpose of Disbursement CAMPAIGN CONSULTING		Category/ Type 001	Transaction ID : B1E4B2C5120AA40A5B53		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input 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: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	20155.81
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)	PAGE 16 OF 37			
	<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. CAPITAL CITY RESEARCH			Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2020		
Mailing Address PO BOX 1582			FEC Identification Number C		
City SAINT PETERS	State MO	Zip Code 63376-0028	Amount of Each Disbursement this Period 3750.00		
Purpose of Disbursement OFFICE EQUIPMENT		Category/ Type 001	Transaction ID : B8074C2DE06CD43818BB		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input 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: District:					

Full Name (Last, First, Middle Initial) B. FACEBOOK			Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2020		
Mailing Address 1601 WILLOW ROAD			FEC Identification Number C		
City MENLO PARK	State CA	Zip Code 94025	Amount of Each Disbursement this Period 65.00		
Purpose of Disbursement WEB ADS		Category/ Type 001	Transaction ID : B123A4B78DCEA43B3A9A		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input 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: District:					

Full Name (Last, First, Middle Initial) C. MARCO TECHNOLOGIES			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2020		
Mailing Address 4510 HEATHERWOOD ROAD			FEC Identification Number C		
City SAINT CLOUD	State MN	Zip Code 56301-9500	Amount of Each Disbursement this Period 2150.00		
Purpose of Disbursement RENT		Category/ Type 001	Transaction ID : BF9FD9B91C1EF4EA9B15		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input 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: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	5965.00
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)	PAGE 17 OF 37			
	<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. DIRECT MAIL SYSTEMS		Date of Disbursement
Mailing Address 12,450 AUTOMOBILE BOULEVARD		M M / D D / Y Y Y Y 05 / 18 / 2020
City CLEARWATER	State FL	FEC Identification Number C
Zip Code 33762	Purpose of Disbursement DIRECT MAIL	Amount of Each Disbursement this Period 6000.00
Candidate Name	Category/Type 001	Transaction ID : BCFD907D6CADD45218DB
Office Sought: <input 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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. GODADDY		Date of Disbursement
Mailing Address 14455 N HAYDEN ROAD 219		M M / D D / Y Y Y Y 05 / 18 / 2020
City SCOTTSDALE	State AZ	FEC Identification Number C
Zip Code 85260-6993	Purpose of Disbursement WEBSITE	Amount of Each Disbursement this Period 69.99
Candidate Name	Category/Type 001	Transaction ID : B9A273CD041164A1CAF8
Office Sought: <input 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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. FACEBOOK		Date of Disbursement
Mailing Address 1601 WILLOW ROAD		M M / D D / Y Y Y Y 05 / 18 / 2020
City MENLO PARK	State CA	FEC Identification Number C
Zip Code 94025	Purpose of Disbursement WEB ADS	Amount of Each Disbursement this Period 600.00
Candidate Name	Category/Type 001	Transaction ID : B663BA16AE1904A479B8
Office Sought: <input 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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	6669.99
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)	PAGE 18 OF 37			
	<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. BEST BUY		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2020
Mailing Address 7601 PENN AVE SOUTH		FEC Identification Number C
City MINNEAPOLIS	State MN	Zip Code 55423-8500
Purpose of Disbursement OFFICE SUPPLIES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 545.42
Office Sought: <input 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) ▼	Transaction ID : BDD5A8CF2C5794D8DB53
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. ARISTOTLE INTERNATIONAL, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2020
Mailing Address 205 PENNSYLVANIA AVENUE, SE		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20003-1164
Purpose of Disbursement DATA	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 13800.00
Office Sought: <input 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) ▼	Transaction ID : B12886668A5F496AB40
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. 9SEVEN CONSULTING		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2020
Mailing Address 499 SOUTH CAPITOL STREET SW #405		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement COMPLIANCE CONSULTING	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 4200.00
Office Sought: <input 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) ▼	Transaction ID : B8C78CB89D1D8401AB82
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	18545.42
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)	PAGE 19 OF 37			
	<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. BORGEN, CAROLYN, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2020		
Mailing Address 120 S. FRANKLIN ST.					
City NEW ULM	State MN	Zip Code 56073-3220	FEC Identification Number C		
Purpose of Disbursement CAMPAIGN CONSULTING		Category/ Type 001	Amount of Each Disbursement this Period 500.00		
Candidate Name					
Office Sought:	<input 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) ▼	Transaction ID : BC2F38740CD524C9DB3E		
State:	District:	<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) B. USPS			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2020		
Mailing Address 1400 MADISON AVENUE SUITE 328					
City MANKATO	State MN	Zip Code 56001	FEC Identification Number C		
Purpose of Disbursement POSTAGE		Category/ Type 001	Amount of Each Disbursement this Period 55.00		
Candidate Name					
Office Sought:	<input 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) ▼	Transaction ID : BFFDC8342052F4E018AC		
State:	District:	<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) C. PUBLIC OPINION STRATEGIES, LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2020		
Mailing Address 214 N FAYETTE ST.					
City ALEXANDRIA	State VA	Zip Code 22314-2433	FEC Identification Number C		
Purpose of Disbursement POLLING		Category/ Type 005	Amount of Each Disbursement this Period 15000.00		
Candidate Name					
Office Sought:	<input 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) ▼	Transaction ID : B2F35220E4D614FCDB4F		
State:	District:	<input type="checkbox"/> Memo Item			

SUBTOTAL of Disbursements This Page (optional).....	15555.00
TOTAL This Period (last page this line number only).....	15555.00

**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 20 OF 37			
	<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. BUZZ 360		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2020
Mailing Address 1406 LAKE ST., # 201		FEC Identification Number C
City MINNEAPOLIS	State MN	Zip Code 55408-2653
Purpose of Disbursement WEBSITE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 110.00
Office Sought: <input 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) ▼	Transaction ID : B8897AFBEF2AB4589A84
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. PHONE BURNER		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2020
Mailing Address 1968 S. COAST HWY, SUITE 1800		FEC Identification Number C
City LAGUNA BEACH	State CA	Zip Code 92651-3681
Purpose of Disbursement PHONES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 149.00
Office Sought: <input 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) ▼	Transaction ID : BF7611727C39946A1A67
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. PHONE BURNER		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2020
Mailing Address 1968 S. COAST HWY, SUITE 1800		FEC Identification Number C
City LAGUNA BEACH	State CA	Zip Code 92651-3681
Purpose of Disbursement PHONES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 21.95
Office Sought: <input 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) ▼	Transaction ID : BDB0D5FA7B97F4987A65
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	280.95
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)		PAGE 21 OF 37	
	<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. MEDIACOM		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2020
Mailing Address PO BOX 110		FEC Identification Number C
City WASECA	State MN	Zip Code 56093-0110
Purpose of Disbursement UTILITIES	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 439.21
Office Sought: <input 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) ▼	Transaction ID : B72A3A7D14A744A47BC1
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. PARAGON PRINTING		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2020
Mailing Address 400 POPLAR STREET		FEC Identification Number C
City MANKATO	State MN	Zip Code 56001
Purpose of Disbursement PRINTING	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 656.55
Office Sought: <input 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) ▼	Transaction ID : BFA1D5D9D6EEE458D909
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. EIN PRESSWIRE		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2020
Mailing Address 1025 CONNECTICUT AVE SUITE 1000		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20036-5417
Purpose of Disbursement PRESS RELEASE SERVICES	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 399.00
Office Sought: <input 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) ▼	Transaction ID : B371001EE5EC8406C917
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1494.76
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)		PAGE 22 OF 37	
	<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. 9SEVEN CONSULTING		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2020
Mailing Address 499 SOUTH CAPITOL STREET SW #405		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement COMPLIANCE CONSULTING	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 1073.11
Office Sought: <input 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) ▼	Transaction ID : BEB336C8FEAE14526A0C
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2020
Mailing Address 1920 MCKINNEY AVENUE 7TH SLOOR		FEC Identification Number C
City DALLAS	State TX	Zip Code 75201
Purpose of Disbursement CREDIT CARD FEES	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 41.11
Office Sought: <input 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) ▼	Transaction ID : B010510EFB7B047B6A4C
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. BORGEN, CAROLYN, , ,		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2020
Mailing Address 120 S. FRANKLIN ST.		FEC Identification Number C
City NEW ULM	State MN	Zip Code 56073-3220
Purpose of Disbursement CAMPAIGN CONSULTING	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 1250.00
Office Sought: <input 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) ▼	Transaction ID : BB043FD54896B4BD28C0
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	2364.22
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)	PAGE 23 OF 37			
	<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. FACEBOOK			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2020		
Mailing Address 1601 WILLOW ROAD			FEC Identification Number C		
City MENLO PARK	State CA	Zip Code 94025	Amount of Each Disbursement this Period 632.32		
Purpose of Disbursement WEB ADS		Category/ Type 001	Transaction ID : B75E01C7565764D6F881		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input 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: District:					

Full Name (Last, First, Middle Initial) B. GODADDY			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2020		
Mailing Address 14455 N HAYDEN ROAD 219			FEC Identification Number C		
City SCOTTSDALE	State AZ	Zip Code 85260-6993	Amount of Each Disbursement this Period 85.64		
Purpose of Disbursement WEBSITE		Category/ Type 001	Transaction ID : B9DDE38235E324D05800		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input 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: District:					

Full Name (Last, First, Middle Initial) C. USPS			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2020		
Mailing Address 1400 MADISON AVENUE SUITE 328			FEC Identification Number C		
City MANKATO	State MN	Zip Code 56001	Amount of Each Disbursement this Period 300.00		
Purpose of Disbursement POSTAGE		Category/ Type 001	Transaction ID : BD1F3ABC7A5824CA6987		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input 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: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	1017.96
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)		PAGE 24 OF 37	
	<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. USPS		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2020
Mailing Address 1400 MADISON AVENUE SUITE 328		FEC Identification Number C
City MANKATO	State MN	Zip Code 56001
Purpose of Disbursement POSTAGE	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 725.00
Office Sought: <input 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) ▼	Transaction ID : B54AB27393A2A41A2BD2
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. DIRECT MAIL SYSTEMS		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2020
Mailing Address 12,450 AUTOMOBILE BOULEVARD		FEC Identification Number C
City CLEARWATER	State FL	Zip Code 33762
Purpose of Disbursement DIRECT MAIL	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 5844.02
Office Sought: <input 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) ▼	Transaction ID : B0CA124191C8D49AAA54
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. TOSTENSON CONSULTING		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2020
Mailing Address 38064 441 AVENUE		FEC Identification Number C
City NICOLLET	State MN	Zip Code 56074-4239
Purpose of Disbursement CAMPAIGN CONSULTING	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 10000.00
Office Sought: <input 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) ▼	Transaction ID : B822F1A06A6644B77866
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	16569.02
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)	PAGE 25 OF 37			
	<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. PARAGON PRINTING			Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2020		
Mailing Address 400 POPLAR STREET			FEC Identification Number C		
City MANKATO	State MN	Zip Code 56001	Amount of Each Disbursement this Period 1970.81		
Purpose of Disbursement PRINTING		Category/ Type 001	Transaction ID : B6CF8BE30D8B9487AB4F		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input 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: District:					

Full Name (Last, First, Middle Initial) B. 9SEVEN CONSULTING			Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2020		
Mailing Address 499 SOUTH CAPITOL STREET SW #405			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Disbursement this Period 500.00		
Purpose of Disbursement ACCOUNTING CONSULTING		Category/ Type 001	Transaction ID : BEDA7A5CE79B84E5BB69		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input 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: District:					

Full Name (Last, First, Middle Initial) C. DIRECT MAIL SYSTEMS			Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2020		
Mailing Address 12,450 AUTOMOBILE BOULEVARD			FEC Identification Number C		
City CLEARWATER	State FL	Zip Code 33762	Amount of Each Disbursement this Period 36256.61		
Purpose of Disbursement DIRECT MAIL		Category/ Type 001	Transaction ID : B822DE43D543E4119921		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input 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: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	38727.42
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)	PAGE 26 OF 37			
	<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. MEDIACOM		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2020
Mailing Address PO BOX 110		FEC Identification Number C
City WASECA	State MN	Zip Code 56093-0110
Purpose of Disbursement UTILITIES	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 277.45	
Office Sought: <input 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) ▼	Transaction ID : BDDDEA058001C473E8E8
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. SECRETARY OF STATE		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2020
Mailing Address 100 REV. DR. MARTIN LUTHER KING JR		FEC Identification Number C
City SAINT PAUL	State MN	Zip Code 55155-1200
Purpose of Disbursement TAXES	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 360.00	
Office Sought: <input 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) ▼	Transaction ID : BBAD99D8F4CB546A0BD2
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. ANDERSON HUGHS PRODUCTIONS		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2020
Mailing Address 25033 COUNTY ROAD 7		FEC Identification Number C
City SAINT AUGUSTA	State MN	Zip Code 56301-7705
Purpose of Disbursement MEDIA PRODUCTION	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 1750.00	
Office Sought: <input 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) ▼	Transaction ID : B4561CEE18E454055A5C
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	2387.45
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)	PAGE 27 OF 37			
	<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. GODADDY			Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2020		
Mailing Address 14455 N HAYDEN ROAD 219			FEC Identification Number C		
City SCOTTSDALE	State AZ	Zip Code 85260-6993	Amount of Each Disbursement this Period 53.73		
Purpose of Disbursement WEBSITE		Category/ Type 001	Transaction ID : B8BEE4BD9ECF14CEE6C		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input 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: District:					

Full Name (Last, First, Middle Initial) B. AXMEDIA LLC			Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2020		
Mailing Address 800 W. 47TH STREET, STE. 200			FEC Identification Number C		
City KANSAS CITY	State MO	Zip Code 64112-1244	Amount of Each Disbursement this Period 14632.64		
Purpose of Disbursement MEDIA PLACEMENT		Category/ Type 001	Transaction ID : B86ADD59C735649758CE		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input 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: District:					

Full Name (Last, First, Middle Initial) C. ARISTOTLE INTERNATIONAL, INC.			Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2020		
Mailing Address 205 PENNSYLVANIA AVENUE, SE			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20003-1164	Amount of Each Disbursement this Period 800.00		
Purpose of Disbursement DATA		Category/ Type 001	Transaction ID : B1FDAEC8BEAF3430DA24		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input 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: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	15486.37
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)	PAGE 28 OF 37			
	<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. KB STRATEGIC GROUP			Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2020		
Mailing Address 3213 DUKE STREET SUITE 700					
City ALEXANDRIA	State VA	Zip Code 22314-4533	FEC Identification Number C		
Purpose of Disbursement CAMPAIGN CONSULTING		Category/ Type 001	Amount of Each Disbursement this Period 2500.00		
Candidate Name		Transaction ID : B78117918063349C0B50			
Office Sought: <input 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) ▼		<input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) B. AMAZON			Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2020		
Mailing Address 1200 12TH AVENUE SOUTH SUITE 1200					
City SEATTLE	State WA	Zip Code 98144-2734	FEC Identification Number C		
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type 001	Amount of Each Disbursement this Period 102.99		
Candidate Name		Transaction ID : BCF600CD1EEFE4BF0BAC			
Office Sought: <input 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) ▼		<input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) C. AMAZON			Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2020		
Mailing Address 1200 12TH AVENUE SOUTH SUITE 1200					
City SEATTLE	State WA	Zip Code 98144-2734	FEC Identification Number C		
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type 001	Amount of Each Disbursement this Period 375.01		
Candidate Name		Transaction ID : BC77433020EBC4F9E8DC			
Office Sought: <input 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) ▼		<input type="checkbox"/> Memo Item		
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	2978.00
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)	PAGE 29 OF 37			
	<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. FACEBOOK		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2020
Mailing Address 1601 WILLOW ROAD		FEC Identification Number C
City MENLO PARK	State CA	Zip Code 94025
Purpose of Disbursement WEB ADS	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 900.00
Office Sought: <input 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) ▼	Transaction ID : B86A74884CAFF4527B9F
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. DIRECT MAIL SYSTEMS		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2020
Mailing Address 12,450 AUTOMOBILE BOULEVARD		FEC Identification Number C
City CLEARWATER	State FL	Zip Code 33762
Purpose of Disbursement DIRECT MAIL	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 5205.06
Office Sought: <input 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) ▼	Transaction ID : BF06C44970414485BAEE
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. BUZZ 360		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2020
Mailing Address 1406 LAKE ST., # 201		FEC Identification Number C
City MINNEAPOLIS	State MN	Zip Code 55408-2653
Purpose of Disbursement WEBSITE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 110.00
Office Sought: <input 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) ▼	Transaction ID : BCDDE7C5C623A44C4B90
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	6215.06
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)	PAGE 30 OF 37			
	<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. FORESEE STUDIOS LLC			Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2020		
Mailing Address 1227 N. BROADWAY - STE C			FEC Identification Number C		
City NEW ULM	State MN	Zip Code 56073-1228	Amount of Each Disbursement this Period 1271.40		
Purpose of Disbursement WEBSITE		Category/ Type 001	Transaction ID : BA851A5212F174A1DB93		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input 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: District:					

Full Name (Last, First, Middle Initial) B. PHONE BURNER			Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2020		
Mailing Address 1968 S. COAST HWY, SUITE 1800			FEC Identification Number C		
City LAGUNA BEACH	State CA	Zip Code 92651-3681	Amount of Each Disbursement this Period 149.00		
Purpose of Disbursement PHONES		Category/ Type 001	Transaction ID : BBA6D1DE2B86D46F394C		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input 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: District:					

Full Name (Last, First, Middle Initial) C. BUZZ 360			Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2020		
Mailing Address 1406 LAKE ST., # 201			FEC Identification Number C		
City MINNEAPOLIS	State MN	Zip Code 55408-2653	Amount of Each Disbursement this Period 100.00		
Purpose of Disbursement WEBSITE		Category/ Type 001	Transaction ID : B882BEF898DD14EFE98B		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input 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: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	1520.40
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)		PAGE 31 OF 37	
	<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. AXMEDIA LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2020
Mailing Address 800 W. 47TH STREET, STE. 200		FEC Identification Number C
City KANSAS CITY	State MO	Zip Code 64112-1244
Purpose of Disbursement MEDIA PLACEMENT	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 19159.36
Office Sought: <input 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) ▼	Transaction ID : B1B88A828147D4D81896
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. PHONE BURNER		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2020
Mailing Address 1968 S. COAST HWY, SUITE 1800		FEC Identification Number C
City LAGUNA BEACH	State CA	Zip Code 92651-3681
Purpose of Disbursement PHONES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 21.95
Office Sought: <input 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) ▼	Transaction ID : B98CD3F7528BF4994B98
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. DIRECT MAIL SYSTEMS		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2020
Mailing Address 12,450 AUTOMOBILE BOULEVARD		FEC Identification Number C
City CLEARWATER	State FL	Zip Code 33762
Purpose of Disbursement DIRECT MAIL	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 36256.61
Office Sought: <input 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) ▼	Transaction ID : BB9FFAE492D664318814
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	55437.92
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)	PAGE 32 OF 37			
	<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. MARCO TECHNOLOGIES			Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2020		
Mailing Address 4510 HEATHERWOOD ROAD			FEC Identification Number C		
City SAINT CLOUD	State MN	Zip Code 56301-9500	Amount of Each Disbursement this Period 850.00		
Purpose of Disbursement RENT		Category/ Type 001	Transaction ID : B02A86E82F88F40B68E8		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input 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: District:					

Full Name (Last, First, Middle Initial) B. ANEDOT			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2020		
Mailing Address 1920 MCKINNEY AVENUE 7TH SLOOR			FEC Identification Number C		
City DALLAS	State TX	Zip Code 75201	Amount of Each Disbursement this Period 8.30		
Purpose of Disbursement CREDIT CARD FEES		Category/ Type 001	Transaction ID : B133591D7038A42438E2		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input 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: District:					

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	858.30
TOTAL This Period (last page this line number only).....▶	236938.19

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **DR. NOEL COLLIS FOR CONGRESS** Transaction ID : **C08E5C9370244496DB3B**

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 56307-9326 <input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250000.00	0.00	250000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 06 / D 26 / Y 2020	M M / D D / Y NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" 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).....▶	250000.00
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) Transaction ID : C48CB7E954F0B46268C1
DR. NOEL COLLIS FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item COLLIS, NOEL, , ,		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 56307-9326 <input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 200000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 200000.00
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TERMS Date Incurred M 03 / D 31 / Y 2020	Date Due M 12 / D 31 / Y 2020	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	200000.00
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 : **C6B0A63C9F8874AB2915**

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 56307-9326 <input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
135000.00	0.00	135000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 12 ^M / D 31 ^D / Y 2019 Y	M 12 ^M / D 31 ^D / Y 2020 Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" 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).....▶	135000.00
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 : **CA26667F6E5F5467BA12**

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 56307-9326	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
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TERMS	Date Incurred M 09 / D 30 / Y 2019	Date Due M 12 / D 31 / Y 2020	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	[]

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 : **CA990660EAC624C8EA78**

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 56307-9326	<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
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TERMS	Date Incurred M 09 / D 24 / Y 2019	Date Due M 12 / D 31 / Y 2020	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	695000.00

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