

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

NODAK PAC

ADDRESS (number and street)

PO Box 75214

Check if different
than previously
reported. (ACC)

Washington

DC

20013

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00384115

3. IS THIS
REPORTNEW
(N)**OR**AMENDED
(A)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
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2007

through

12

31

2007

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

Timothy Purdon

Signature of Treasurer

Electronically Filed by Timothy Purdon

Date

01

31

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
NODAK PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		304.64
(b) Cash on Hand at Beginning of Reporting Period	4397.83	
(c) Total Receipts (from Line 19)	46480.87	97485.65
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	50878.70	97790.29
7. Total Disbursements (from Line 31)	42129.10	89040.69
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	8749.60	8749.60
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)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NODAK PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	7100.00	13100.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	7100.00	13100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	39200.00	84200.00
(c) Other Political Committees (such as PACs)	46300.00	97300.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	175.00	175.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	5.87	10.65
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	46480.87	97485.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	46480.87	97485.65

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	13379.10	32540.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	13379.10	32540.69
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27250.00	54250.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	1500.00	2250.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	42129.10	89040.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42129.10	89040.69

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	46300.00	97300.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	46300.00	97300.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	13379.10	32540.69
37. Offsets to Operating Expenditures (from Line 15, page 3)	175.00	175.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	13204.10	32365.69

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

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

FOR LINE NUMBER: PAGE 6 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)

NODAK PAC

A.

Full Name (Last, First, Middle Initial)

Morongo Band of Mission Indians

Mailing Address 11581 Potero Road

City

Banning

State

CA

Zip Code

92220

FEC ID number of contributing
federal political committee.

C

Name of Employer
native american tribe

Occupation

native american tribe

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 7

Transaction ID: SA11AI.4647

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Santa Ynez Band of Mission Indians

Mailing Address PO Box 517

City

Santa Ynez

State

CA

Zip Code

93460

FEC ID number of contributing
federal political committee.

C

Name of Employer
native american tribe

Occupation

native american tribe

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.4705

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Larry Schafer

Mailing Address 809 East Capitol Street, SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Biodiesel Board

Occupation

Senior Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.4650

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

6300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NODAK PAC

A.

Full Name (Last, First, Middle Initial)

Tule River Tribal Council

Mailing Address PO box 589

City

Porterville

State

CA

Zip Code

93258

FEC ID number of contributing
federal political committee.

C

Name of Employer
native american tribe

Occupation

native american tribe

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	3		2	0	0	7

Transaction ID: SA11AI.4692

Amount of Each Receipt this Period

800.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

7100.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 8 / 25

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
NODAK PAC

A.

Full Name (Last, First, Middle Initial)
AMERICA'S HEALTH INSURANCE PLANS PAC (AHIP PAC)

Mailing Address **601 Penn. Avenue NW**
#500 South Bldg.

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing
federal political committee. **C C00106740**

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 25 2007

Transaction ID: SA11C.4686

Amount of Each Receipt this Period

1500.00

B.

Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND (CRNA-PAC)

Mailing Address **222 S PROSPECT AVENUE**
C/O FINANCE DEPT

City State Zip Code
PARK RIDGE IL 60068

FEC ID number of contributing
federal political committee. **C C00173153**

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 20 2007

Transaction ID: SA11C.4697

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)
AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE (AHCA-PAC)

Mailing Address **1201 L STREET NW**

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing
federal political committee. **C C00006080**

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 13 2007

Transaction ID: SA11C.4690

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 9 / 25

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
NODAK PAC

A.

Full Name (Last, First, Middle Initial)
AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE (AHCA-PAC)
 Mailing Address **1201 L STREET NW**

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00006080**

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 3 / 2 0 0 7

Transaction ID: SA11C.4691

Amount of Each Receipt this Period

3000.00

B.

Full Name (Last, First, Middle Initial)
AMERICAN SOCIETY OF PENSION PROFESSIONALS & ACTUARIES PAC
 Mailing Address **4245 N Fairfax Drive Suite 750**

City State Zip Code
Arlington VA 22203

FEC ID number of contributing federal political committee. **C C00333104**

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: SA11C.4685

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)
ANHEUSER-BUSCH COMPANIES INC. POLITICAL ACTION COMMITTEE
 Mailing Address **ONE BUSCH PLACE 202-5**

City State Zip Code
ST. LOUIS MO 63118

FEC ID number of contributing federal political committee. **C C00034488**

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: SA11C.4700

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

13000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 25

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NODAK PAC

A.

Full Name (Last, First, Middle Initial)
COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

Mailing Address 1350 I Street NW
Suite 590

City State Zip Code
Washington DC 20005

FEC ID number of contributing
federal political committee. **C** C00274944

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: SA11C.4702

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)
FEDERATION OF AMERICAN HOSPITALS PAC

Mailing Address 801 PENNSYLVANIA AVENUE
SUITE 245

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing
federal political committee. **C** C00002261

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11C.4698

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Mailing Address 412 First Street SE Suite 300

City State Zip Code
Washington DC 20003

FEC ID number of contributing
federal political committee. **C** C00022343

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11C.4688

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 11 / 25

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NODAK PAC

A. Full Name (Last, First, Middle Initial) NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATAC PAC)

Mailing Address 1325 Massachusetts Ave. NW

City State Zip Code
 Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11C.4689

Amount of Each Receipt this Period

2500.00

B. Full Name (Last, First, Middle Initial) NATIONAL BIODIESEL PAC
 Mailing Address PO BOX 104554

City State Zip Code
 JEFFERSON CITY MO 65110

FEC ID number of contributing federal political committee. **C** C00431270

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 2 3 / 2 0 0 7

Transaction ID: SA11C.4652

Amount of Each Receipt this Period

2200.00

C. Full Name (Last, First, Middle Initial) NATIONWIDE POLITICAL PARTICIPATION COMMITTEE
 Mailing Address One Nationwide Plaza
 1-27-10

City State Zip Code
 Columbus OH 43215

FEC ID number of contributing federal political committee. **C** C00076174

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 0 7 / 2 0 0 7

Transaction ID: SA11C.4656

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

6700.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 25

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NODAK PAC

A.

Full Name (Last, First, Middle Initial)

SENIORS HOUSING POLITICAL ACTION COMMITTEE

Mailing Address 5100 WISCONSIN AVENUE NW #307

City

WASHINGTON

State

DC

Zip Code

20016

FEC ID number of contributing
federal political committee.

C C00325332

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 7

Transaction ID: SA11C.4646

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

ZURICH HOLDING COMPANY OF AMERICA COMMITTEE FOR GOOD GOVERNMENT (Z-PAC)

Mailing Address 1201 F Street NW

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C C00235036

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 7

Transaction ID: SA11C.4654

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

39200.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NODAK PAC

A.

Full Name (Last, First, Middle Initial)

B Smith's

Mailing Address 50 Massachusetts Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
PAC Catering/meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4732

Date of Disbursement

07 / 10 / 2007

Amount of Each Disbursement this Period

1628.98

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Campaign Compliance, LLC

Mailing Address 3252 4th Street

City Oceanside State NY Zip Code 11572

Purpose of Disbursement
Accounting Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4662

Date of Disbursement

07 / 06 / 2007

Amount of Each Disbursement this Period

750.82

C.

Full Name (Last, First, Middle Initial)

Campaign Compliance, LLC

Mailing Address 3252 4th Street

City Oceanside State NY Zip Code 11572

Purpose of Disbursement
Accounting fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4677

Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1750.82

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 14 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NODAK PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Campaign Compliance, LLC</p> <p>Mailing Address 3252 4th Street</p> <p>City Oceanside State NY Zip Code 11572</p> <p>Purpose of Disbursement Accounting fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4681</p> <p>Date of Disbursement 10 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Campaign Compliance, LLC</p> <p>Mailing Address 3252 4th Street</p> <p>City Oceanside State NY Zip Code 11572</p> <p>Purpose of Disbursement Accounting fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4730</p> <p>Date of Disbursement 12 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 1751.64</p> <p>Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Capital Grille</p> <p>Mailing Address</p> <p>City Washington State DC Zip Code</p> <p>Purpose of Disbursement PAC Catering/meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4669</p> <p>Date of Disbursement 08 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 380.10</p> <p>[MEMO ITEM]</p> <p>Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)

2751.64

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 15 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NODAK PAC

A. Full Name (Last, First, Middle Initial) Fraiori and Associates	Transaction ID: SB21B.4678 Date of Disbursement
Mailing Address 80 F Street, NW #804	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 3 / 2 0 0 7</div> </div>
City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period
Purpose of Disbursement PAC Fundraising Consultant Candidate Name	<div> <div>1500.00</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Fraiori and Associates	Transaction ID: SB21B.4682 Date of Disbursement
Mailing Address 80 F Street, NW #804	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 7</div> </div>
City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period
Purpose of Disbursement PAC Fundraising Consultant Candidate Name	<div> <div>1400.00</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Fraiori and Associates	Transaction ID: SB21B.4731 Date of Disbursement
Mailing Address 80 F Street, NW #804	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 3 / 2 0 0 7</div> </div>
City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period
Purpose of Disbursement PAC Fundraising Consultant Candidate Name	<div> <div>3605.06</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

6505.06

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 16 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NODAK PAC

A. Full Name (Last, First, Middle Initial) National Democratic Club	Transaction ID: SB21B.4665 Date of Disbursement																				
Mailing Address 30 Ivy Street, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	6		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	6		2	0	7													
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Catering/meals	<table border="1"> <tr> <td>69.69</td> </tr> </table>	69.69																			
69.69																					
Candidate Name	[MEMO ITEM]																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) National Democratic Club	Transaction ID: SB21B.4694 Date of Disbursement																				
Mailing Address 30 Ivy Street, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		3	1		2	0	7													
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Catering/meals	<table border="1"> <tr> <td>113.94</td> </tr> </table>	113.94																			
113.94																					
Candidate Name	[MEMO ITEM]																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) National Democratic Club	Transaction ID: SB21B.4695 Date of Disbursement																				
Mailing Address 30 Ivy Street, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		3	1		2	0	7													
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Catering/meals	<table border="1"> <tr> <td>120.94</td> </tr> </table>	120.94																			
120.94																					
Candidate Name	[MEMO ITEM]																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 17 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NODAK PAC

A.

Full Name (Last, First, Middle Initial)
USPS

Mailing Address 220 E. Rosser Avenue

City Bismarck State ND Zip Code 58501

Purpose of Disbursement
PAC Postage/Shipping

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4666

Date of Disbursement

08 / 16 / 2007

Amount of Each Disbursement this Period

32.55

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address PO Box 30310

City Tampa State FL Zip Code 33630

Purpose of Disbursement
Credit card payment

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4663

Date of Disbursement

07 / 10 / 2007

Amount of Each Disbursement this Period

1628.98

C.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address PO Box 30310

City Tampa State FL Zip Code 33630

Purpose of Disbursement
Credit card payment-various

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4664

Date of Disbursement

08 / 16 / 2007

Amount of Each Disbursement this Period

121.24

SUBTOTAL of Disbursements This Page (optional)

1750.22

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 18 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NODAK PAC

A.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address PO Box 30310

City Tampa State FL Zip Code 33630

Purpose of Disbursement
Credit card fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4667

Date of Disbursement

08 / 16 / 2007

Amount of Each Disbursement this Period

19.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address PO Box 30310

City Tampa State FL Zip Code 33630

Purpose of Disbursement
Credit card payment

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4668

Date of Disbursement

08 / 30 / 2007

Amount of Each Disbursement this Period

386.48

C.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address PO Box 30310

City Tampa State FL Zip Code 33630

Purpose of Disbursement
Credit card fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4671

Date of Disbursement

08 / 30 / 2007

Amount of Each Disbursement this Period

6.38

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

386.48

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NODAK PAC

A.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address PO Box 30310

City Tampa State FL Zip Code 33630

Purpose of Disbursement
Credit card payment

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4680

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2007

Amount of Each Disbursement this Period

234.88

SUBTOTAL of Disbursements This Page (optional)

234.88

TOTAL This Period (last page this line number only)

13379.10

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 25

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NODAK PAC

A.

Full Name (Last, First, Middle Initial)
CARNEY FOR CONGRESS

Mailing Address PO Box 38

City Dimock State PA Zip Code 18816

Purpose of Disbursement

Candidate Name
CHRISTOPHER CARNEY

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 10

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: SB23.4710

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
CITIZENS FOR ALTMIRE

Mailing Address P.O. Box 1776

City Freedom State PA Zip Code 15042

Purpose of Disbursement

Candidate Name
JASON ALTMIRE

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 04

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: SB23.4707

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE - CONTRIBUTIONS

Mailing Address 430 South Capitol Street SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: SB23.4672

Date of Disbursement

/ /

Amount of Each Disbursement this Period

6000.00

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 21 / 25

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NODAK PAC

<p>A. Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE - CONTRIBUTIONS</p> <p>Mailing Address 430 South Capitol Street SE 2nd Floor</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB23.4673</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="6500.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE - CONTRIBUTIONS</p> <p>Mailing Address 430 South Capitol Street SE 2nd Floor</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB23.4720</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) GIFFORDS FOR CONGRESS</p> <p>Mailing Address PO Box 12886</p> <p>City Tucson State AZ Zip Code 85732</p> <p>Purpose of Disbursement</p> <p>Candidate Name GABRIELLE GIFFORDS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: AZ District: 08</p>	<p>Transaction ID: SB23.4711</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 25

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NODAK PAC

A. Full Name (Last, First, Middle Initial)
GILLIBRAND FOR CONGRESS

Mailing Address P.O. Box 1279

City Hudson State NY Zip Code 12534

Purpose of Disbursement

Candidate Name
KIRSTEN E GILLIBRAND

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 20

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: SB23.4714

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
HARRY MITCHELL FOR CONGRESS

Mailing Address PO Box 23748

City Tempe State AZ Zip Code 85285

Purpose of Disbursement

Candidate Name
HARRY E MITCHELL

Office Sought: ☒ House
☐ Senate
☐ President

State: AZ District: 05

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: SB23.4674

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
JOE DONNELLY FOR CONGRESS

Mailing Address P.O. Box 1961
CENTURY BUILDING

City South Bend State IN Zip Code 46634

Purpose of Disbursement

Candidate Name
JOSEPH S MR. DONNELLY

Office Sought: ☒ House
☐ Senate
☐ President

State: IN District: 02

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: SB23.4727

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 25

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NODAK PAC

A. Full Name (Last, First, Middle Initial)
LOEBSACK FOR CONGRESS

Mailing Address PO Box 1457

City Iowa City State IA Zip Code 52244

Purpose of Disbursement

Candidate Name
DAVID WAYNE LOEBSACK

Office Sought: ☒ House
☐ Senate
☐ President

State: IA District: 02

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: SB23.4724

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
MCNERNEY FOR CONGRESS

Mailing Address 6520 Village Parkway
Second Floor

City Dublin State CA Zip Code 94568

Purpose of Disbursement

Candidate Name
JERRY MCNERNEY

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 11

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: SB23.4721

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
North Dakota Democratic Party

Mailing Address 1902 E. Divide Avenue

City Bismarck State ND Zip Code 58501

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: SB23.4728

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4750.00

SUBTOTAL of Disbursements This Page (optional)

6750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 24 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NODAK PAC

A.

Full Name (Last, First, Middle Initial)

ZACK SPACE FOR CONGRESS COMMITTEE

Mailing Address 714 N WOOSTER AVENUE

City
DOVER

State
OH

Zip Code
44622

Purpose of Disbursement

Candidate Name
ZACHARY T SPACE

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 18

Transaction ID: SB23.4715

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

27250.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 25 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NODAK PAC

A.

Full Name (Last, First, Middle Initial)

Friends of Jasper Schneider

Mailing Address 1418 3rd Avenue S

City State Zip Code
Fargo ND 58103

Purpose of Disbursement
Contribution-state

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.4718

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Kennedy Center Memorial Foundation

Mailing Address 1902 E. Divide Avenue

City State Zip Code
Bismarck ND 58501

Purpose of Disbursement
Donation

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.4683

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ►

1500.00

TOTAL This Period (last page this line number only) ►

1500.00