



**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
NORTH DAKOTA REPUBLICAN PARTY

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	X	Y	Y	Y	2	0	0	9		15495.81
X	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	21236.94									
(c) Total Receipts (from Line 19) .....	18096.50	120455.52								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	39333.44	135951.33								
7. Total Disbursements (from Line 31) .....	27311.13	123929.02								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	12022.31	12022.31								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	32076.00									

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**

Write or Type Committee Name

NORTH DAKOTA REPUBLICAN PARTY

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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		
(i) Itemized (use Schedule A) .....	4675.00	44277.00
(ii) Unitemized .....	13421.50	73863.52
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	18096.50	118140.52
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	2315.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	18096.50	120455.52
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) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
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) .....		
(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)) .....	18096.50	120455.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	18096.50	120455.52

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.....	23711.13	93838.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	23711.13	93838.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
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.....	3600.00	14424.00
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.....	0.00	0.00
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	15666.08
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	15666.08
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	27311.13	123929.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27311.13	123929.02

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) .....	18096.50	120455.52
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	18096.50	120455.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	23711.13	93838.94
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	23711.13	93838.94

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 23  
(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)  
**NORTH DAKOTA REPUBLICAN PARTY**

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Sandy Boehler

Mailing Address 1721 E Rose Creek Pkwy S

City State Zip Code  
Fargo ND 58104-6834

FEC ID number of contributing federal political committee. C

Name of Employer: Motor Vehicle Department/-ND  
Occupation: Manager

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
05 / 01 / 2009

**Transaction ID:** 0142441

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Dave Koland

Mailing Address 165 Main St

City State Zip Code  
Carrington ND 58421-1730

FEC ID number of contributing federal political committee. C

Name of Employer: ND Rural Water Systems Assn  
Occupation: Executive Director

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
160.00

Date of Receipt  
05 / 12 / 2009

**Transaction ID:** 0142667

Amount of Each Receipt this Period  
60.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Sandi Frenzel

Mailing Address PO Box 1036

City State Zip Code  
Dickinson ND 58602-1036

FEC ID number of contributing federal political committee. C

Name of Employer: Self  
Occupation: Restaurant Owner

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1750.00

Date of Receipt  
05 / 14 / 2009

**Transaction ID:** 0142694

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1060.00

**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 / 23  
(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)  
NORTH DAKOTA REPUBLICAN PARTY

**A.** Full Name (Last, First, Middle Initial)  
Mr. Joe J. Frenzel

Mailing Address PO Box 1036

City Dickinson State ND Zip Code 58602-1036

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

Name of Employer Everett Real Estate Occupation Broker

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 14 / 2009  
Transaction ID: 0142716  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Rich Nelson

Mailing Address 515 8th St S

City Fargo State ND Zip Code 58103-2715

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

Name of Employer Swanson Health Products Occupation Network Engineer

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 19 / 2009  
Transaction ID: 0143011  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Cheryl Lane

Mailing Address 2105 55th St SE

City Minot State ND Zip Code 58701

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

Name of Employer Lane Vent Fast, Inc Occupation Small Business Owner

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 05 / 19 / 2009  
Transaction ID: 0143014  
Amount of Each Receipt this Period: 365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1365.00**

**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 8 / 23  
(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)  
NORTH DAKOTA REPUBLICAN PARTY

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Betsy Dalrymple

Mailing Address PO Box 220

City State Zip Code  
Casselton ND 58012-0220

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

Name of Employer Self Occupation Farming

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 570.00

Date of Receipt  
MM / DD / YYYY  
05 / 22 / 2009

**Transaction ID:** 0143025

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Gov. Jack Dalrymple

Mailing Address PO Box 220

City State Zip Code  
Casselton ND 58012-0220

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

Name of Employer State of North Dakota Occupation Governor

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 22 / 2009

**Transaction ID:** 0143026

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Patricia B. Young

Mailing Address 1420 East Venice Ave  
Apt B202

City State Zip Code  
Venice FL 34293

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

Name of Employer None Occupation Retired

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 22 / 2009

**Transaction ID:** 0143062

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

**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 9 / 23  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**NORTH DAKOTA REPUBLICAN PARTY**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Sen. Dwight C. Cook</p> <p>Mailing Address 1408 17th St SE</p> <p>City State Zip Code <b>Mandan ND 58554-4895</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer self Occupation Cook Industrial Sales</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">05 / 28 / 2009</span></p> <p><b>Transaction ID: 0143083</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Rep. Rae Ann Kelsch</p> <p>Mailing Address 611 Craig Dr</p> <p>City State Zip Code <b>Mandan ND 58554-2353</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Cellular One Occupation Sales Manager</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">05 / 28 / 2009</span></p> <p><b>Transaction ID: 0143084</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Rep. Todd Porter</p> <p>Mailing Address 4604 Borden Harbor Dr SE</p> <p>City State Zip Code <b>Mandan ND 58554</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Metro-Area Ambulance Occupation Paramedic</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">750.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">05 / 28 / 2009</span></p> <p><b>Transaction ID: 0143085</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">750.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;">4675.00</span>

**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)

<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)  
NORTH DAKOTA REPUBLICAN PARTY

A.	Full Name (Last, First, Middle Initial) Bismarck Water Department	Transaction ID: 0142645 Date of Disbursement 05 / 01 / 2009
	Mailing Address PO Box 5503	
	City Bismarck State ND Zip Code 58506-5503	Amount of Each Disbursement this Period 35.03
	Purpose of Disbursement Building Expenses Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BLUECROSS/BLUESHIELD of ND	Transaction ID: 0142647 Date of Disbursement 05 / 01 / 2009
	Mailing Address 4510 13th Ave SW	
	City Fargo State ND Zip Code 58121-0002	Amount of Each Disbursement this Period 1564.80
	Purpose of Disbursement Employee Health Insurance Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 0142651 Date of Disbursement 05 / 01 / 2009
	Mailing Address PO Box 553	
	City Warrendale State PA Zip Code 15086-0553	Amount of Each Disbursement this Period 305.67
	Purpose of Disbursement Telephone Expense Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

1905.50

**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)

<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)  
NORTH DAKOTA REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)  
Qwest

Mailing Address PO Box 1301

City Minneapolis State MN Zip Code 55483-0002

Purpose of Disbursement Telephone Expense

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 0142652  
Date of Disbursement

05 / 01 / 2009

Amount of Each Disbursement this Period

524.07

B.

Full Name (Last, First, Middle Initial)  
Northland Financial

Mailing Address PO Box 140

City Steele State ND Zip Code 58482-0140

Purpose of Disbursement Supplies/Office

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 0142644  
Date of Disbursement

05 / 01 / 2009

Amount of Each Disbursement this Period

307.16

C.

Full Name (Last, First, Middle Initial)  
ND State Fair

Mailing Address PO Box 1796

City Minot State ND Zip Code 58702-1796

Purpose of Disbursement Rental/State Fair Booth

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 0142641  
Date of Disbursement

05 / 01 / 2009

Amount of Each Disbursement this Period

350.00

SUBTOTAL of Disbursements This Page (optional) ▶

1181.23

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 12 / 23

<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)  
NORTH DAKOTA REPUBLICAN PARTY

<b>A.</b> Full Name (Last, First, Middle Initial) Presort Plus Mailing Address Po Box 1555 City Bismarck State ND Zip Code 58502-1555 Purpose of Disbursement Postage/Party Fundraising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 0142642 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 9
	Amount of Each Disbursement this Period 2879.47
	Category/ Type 003
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>B.</b> Full Name (Last, First, Middle Initial) MDS Communications Corp Mailing Address 545 W Juanita Ave City Mesa State AZ Zip Code 85210 Purpose of Disbursement Telemarketing Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 0142649 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 9
	Amount of Each Disbursement this Period 560.50
	Category/ Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>C.</b> Full Name (Last, First, Middle Initial) MDS Communications Corp Mailing Address 545 W Juanita Ave City Mesa State AZ Zip Code 85210 Purpose of Disbursement Telemarketing Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 0142650 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 9
	Amount of Each Disbursement this Period 219.36
	Category/ Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3659.33
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 / 23

<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)  
NORTH DAKOTA REPUBLICAN PARTY

<p><b>A.</b> Full Name (Last, First, Middle Initial) Starion Financial</p> <p>Mailing Address PO Box 777</p> <p>City Bismarck State ND Zip Code 58502-0777</p> <p>Purpose of Disbursement 941 Federal Payroll Tax</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 0142654 <b>Date of Disbursement</b> 05 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 2985.78</p> <p>001 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) L. Nadeane Silbernagel</p> <p>Mailing Address 1117 N 3rd St</p> <p>City Bismarck State ND Zip Code 58501-3557</p> <p>Purpose of Disbursement Building Lease Payments</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 0143236 <b>Date of Disbursement</b> 05 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1306.32</p> <p>001 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) US Postmaster</p> <p>Mailing Address 220 E Rosser Ave</p> <p>City Bismarck State ND Zip Code 58501-3869</p> <p>Purpose of Disbursement Postage Expense</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 0143234 <b>Date of Disbursement</b> 05 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>001 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4792.10

**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)

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<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)  
NORTH DAKOTA REPUBLICAN PARTY

<p><b>A.</b> Full Name (Last, First, Middle Initial) Starion Financial</p> <p>Mailing Address PO Box 777</p> <p>City Bismarck State ND Zip Code 58502-0777</p> <p>Purpose of Disbursement Loan Interest</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 0143235 <b>Date of Disbursement</b> 05 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 196.03</p> <p>Category/Type 009</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Montana-Dakota Utilities</p> <p>Mailing Address PO Box 1457</p> <p>City Bismarck State ND Zip Code 58502-1457</p> <p>Purpose of Disbursement Building Expenses</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 0143241 <b>Date of Disbursement</b> 05 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 372.98</p> <p>Category/Type 001</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Midcontinent Communications</p> <p>Mailing Address PO Box 5010</p> <p>City Sioux Falls State SD Zip Code 57117-5010</p> <p>Purpose of Disbursement Supplies/Office</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 0143239 <b>Date of Disbursement</b> 05 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 44.29</p> <p>Category/Type 001</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

613.30

**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)

<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)  
NORTH DAKOTA REPUBLICAN PARTY

<b>A.</b>	Full Name (Last, First, Middle Initial) Pitney Bowes Credit Corp  Mailing Address PO Box 856460  City Louisville State KY Zip Code 40285-6460  Purpose of Disbursement Postage Equipment Lease Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 0143238 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 9	Amount of Each Disbursement this Period  445.20
<b>B.</b>	Full Name (Last, First, Middle Initial) Com Tec Printing & Graphics, Inc.  Mailing Address 2219 E University Dr  City Phoenix State AZ Zip Code 85034  Purpose of Disbursement Printing Expense/Fundraising Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 0143244 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 9	Amount of Each Disbursement this Period  691.20
<b>C.</b>	Full Name (Last, First, Middle Initial) Southwest Publishing & Mailing  Mailing Address 2600 Nw Topeka Blvd  City Topeka State KS Zip Code 66617-1160  Purpose of Disbursement Postage Expense/Fundraising Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 0143246 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 9	Amount of Each Disbursement this Period  1000.39

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2136.79
<b>TOTAL</b> 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)

<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)  
NORTH DAKOTA REPUBLICAN PARTY

A.	Full Name (Last, First, Middle Initial) FLS Connect	Transaction ID: 0143245 Date of Disbursement 05 / 15 / 2009
	Mailing Address 7300 Hudson Blvd Suite 270	Amount of Each Disbursement this Period 486.97
	City St Paul State MN Zip Code 55128	
	Purpose of Disbursement Telemarketing Expense	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Visa Cardmember Service	Transaction ID: 0143261 Date of Disbursement 05 / 15 / 2009
	Mailing Address PO Box 790408	Amount of Each Disbursement this Period 33.11
	City Saint Louis State MO Zip Code 63149-0408	
	Purpose of Disbursement Miscellaneous Expense	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ITEMIZATION NOT REQUIRED
	State: District:	

C.	Full Name (Last, First, Middle Initial) Cardmember Services	Transaction ID: 0143262 Date of Disbursement 05 / 20 / 2009
	Mailing Address PO Box 742557	Amount of Each Disbursement this Period 1000.00
	City Cincinnati State OH Zip Code 45274-2557	
	Purpose of Disbursement Miscellaneous Expense	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ITEMIZATION BELOW
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1520.08
<b>TOTAL</b> 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)

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<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)  
NORTH DAKOTA REPUBLICAN PARTY

A.	Full Name (Last, First, Middle Initial) Wal Mart Mailing Address 2717 Rock Island Pl City Bismarck State ND Zip Code 58504-7724 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 0143262-0001 Date of Disbursement 05 / 20 / 2009 Amount of Each Disbursement this Period 186.59 [MEMO ITEM] MEMO
B.	Full Name (Last, First, Middle Initial) Cardmember Services Mailing Address PO Box 742557 City Cincinnati State OH Zip Code 45274-2557 Purpose of Disbursement Finance Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 0143262-0006 Date of Disbursement 05 / 20 / 2009 Amount of Each Disbursement this Period 264.03 [MEMO ITEM] MEMO
C.	Full Name (Last, First, Middle Initial) Bismarck Water Department Mailing Address PO Box 5503 City Bismarck State ND Zip Code 58506-5503 Purpose of Disbursement Building Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 0143250 Date of Disbursement 05 / 22 / 2009 Amount of Each Disbursement this Period 48.40

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

48.40

**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)

<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)  
NORTH DAKOTA REPUBLICAN PARTY

<b>A.</b> Full Name (Last, First, Middle Initial) Qwest Mailing Address PO Box 1301 City Minneapolis State MN Zip Code 55483-0002 Purpose of Disbursement Telephone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: 0143248 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 525.88
Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 001

<b>B.</b> Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 553 City Warrendale State PA Zip Code 15086-0553 Purpose of Disbursement Telephone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: 0143249 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 305.67
Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 001

<b>C.</b> Full Name (Last, First, Middle Initial) Starion Financial Mailing Address PO Box 777 City Bismarck State ND Zip Code 58502-0777 Purpose of Disbursement Loan Interest Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: 0143251 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 189.09
Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 009

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1020.64
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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)

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<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)  
NORTH DAKOTA REPUBLICAN PARTY

A.	Full Name (Last, First, Middle Initial) Starion Financial	Transaction ID: 0143252
	Mailing Address PO Box 777	Date of Disbursement 05 / 31 / 2009
	City Bismarck State ND Zip Code 58502-0777	Amount of Each Disbursement this Period 0.31
	Purpose of Disbursement Bank Fees Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BNC National Bank	Transaction ID: 0143259
	Mailing Address PO Box 2316	Date of Disbursement 05 / 31 / 2009
	City Bismarck State ND Zip Code 58502-2316	Amount of Each Disbursement this Period 266.98
	Purpose of Disbursement Bank Fees Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mr. Adam R. Jones	Transaction ID: 0143253
	Mailing Address 716 N 16th St	Date of Disbursement 05 / 31 / 2009
	City Bismarck State ND Zip Code 58501	Amount of Each Disbursement this Period 3720.50
	Purpose of Disbursement Payroll Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3987.79</b>
<b>TOTAL</b> 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 20 / 23

<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)  
NORTH DAKOTA REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)  
Ms. Breezy Kohls

Transaction ID: 0143254  
Date of Disbursement

Mailing Address 111 Boise Ave

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	0	9

City Bismarck State ND Zip Code 58504-6365

Amount of Each Disbursement this Period

2409.50
---------

Purpose of Disbursement  
Payroll

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ►

2409.50
---------

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

23274.66
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# 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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input checked="" 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)  
NORTH DAKOTA REPUBLICAN PARTY

A.	Full Name (Last, First, Middle Initial) Starion Financial	Transaction ID: 0142653
	Mailing Address PO Box 777	Date of Disbursement 05 / 04 / 2009
	City Bismarck State ND Zip Code 58502-0777	Amount of Each Disbursement this Period 100.00
	Purpose of Disbursement Loan Principal Payment	009 Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Starion Financial	Transaction ID: 0143237
	Mailing Address PO Box 777	Date of Disbursement 05 / 12 / 2009
	City Bismarck State ND Zip Code 58502-0777	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Loan Principal Payment	009 Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Starion Financial	Transaction ID: 0143231
	Mailing Address PO Box 777	Date of Disbursement 05 / 14 / 2009
	City Bismarck State ND Zip Code 58502-0777	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Loan Principal Payment	009 Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2600.00
<b>TOTAL</b> 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 / 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input checked="" 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)  
NORTH DAKOTA REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)  
Starion Financial

Transaction ID: 0143232

Date of Disbursement

Mailing Address PO Box 777

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

City Bismarck State ND Zip Code 58502-0777

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Loan Principal Payment

009  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ►

1000.00
---------

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

3600.00
---------

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

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

FOR LINE 13 OF FORM 3X

**LOANS**

NAME OF COMMITTEE (In Full)  
NORTH DAKOTA REPUBLICAN PARTY

Transaction ID: 138760-1

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Starion Financial

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address PO Box 777

City Bismarck State ND ZIP Code 58502-0777

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
63700.00	31624.00	32076.00

**TERMS**

Date Incurred: MM DD YYYY 07 29 2004 Date Due: 07/01/2010 Interest Rate: 4.50 % (apr) Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	32076.00
<b>TOTALS</b> This Period (last page in this line only) .....	▶	32076.00

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