

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER

2020 Office Use Only DM 1-30

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

North Dakota Bankers Association Political Action Committee

ADDRESS (number and street) **122 E Main Avenue, Suite 201**

Check if different than previously reported. (ACC)

**Bismarck ND 58501**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

**C 00117911** IS THIS REPORT  NEW (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 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)

(b) Monthly Report Due On:

|                                      |                                      |                                       |                                                                |
|--------------------------------------|--------------------------------------|---------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

(c) 12-Day PRE-Election Report for the:

|                                           |                                        |                                       |
|-------------------------------------------|----------------------------------------|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on  /  /  in the State of

(d) 30-Day POST-Election Report for the:

|                                        |                                       |                                        |
|----------------------------------------|---------------------------------------|----------------------------------------|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|----------------------------------------|---------------------------------------|----------------------------------------|

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

07 / 01 / 2019 through 12 / 31 / 2019

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 **Rick Clayburgh**

Signature of Treasurer *Rick Clayburgh* Date  /  /

01 / 09 / 2020

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

North Dakota Bankers Association Political Action Committee

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

|                                                                                                           | COLUMN A<br>This Period                | COLUMN B<br>Calendar Year-to-Date      |
|-----------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2019"/>                                       | <input type="text" value="16,145.15"/> | <input type="text" value="16,145.15"/> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....                                                 | <input type="text" value="16,525.96"/> |                                        |
| (c) Total Receipts (from Line 19) .....                                                                   | <input type="text" value="12,520.53"/> | <input type="text" value="12,901.34"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....      | <input type="text" value="29,046.49"/> | <input type="text" value="29,046.49"/> |
| 7. Total Disbursements (from Line 31) .....                                                               | <input type="text" value="15,000.00"/> | <input type="text" value="15,000.00"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                 | <input type="text" value="14,046.49"/> | <input type="text" value="14,046.49"/> |
| 9. Debts and Obligations Owed TO<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value=""/>          |                                        |
| 10. Debts and Obligations Owed BY<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value=""/>          |                                        |

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

**North Dakota Bankers Association Political Action Committee**

Report Covering the Period: From: **07** / **01** / **2019** To: **12** / **31** / **2019**

**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).....                                                                    | 7,390.00  | 7,390.00  |
| (ii) Unitemized.....                                                                                  | 5,130.00  | 5,510.00  |
| (iii) TOTAL (add Lines 11(a)(i) and (ii).....▶                                                        | 12,520.00 | 12,900.00 |
| (b) Political Party Committees.....                                                                   | 0.00      | 0.00      |
| (c) Other Political Committees (such as PACs).....                                                    | 0.00      | 0.00      |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c) (Carry Totals to Line 33, page 5).....▶   | 12,520.00 | 12,900.00 |
| 12. Transfers From Affiliated/Other Party Committees.....                                             | 0.00      | 0.00      |
| 13. All Loans Received.....                                                                           |           |           |
| 14. Loan Repayments Received.....                                                                     |           |           |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... |           |           |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           |           |           |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....                                           | 0.53      | 1.34      |
| 18. Transfers from Non-Federal and Levin Funds                                                        |           |           |
| (a) Non-Federal Account (from Schedule H3).....                                                       |           |           |
| (b) Levin Funds (from Schedule H5).....                                                               |           |           |
| (c) Total Transfers (add 18(a) and 18(b))..                                                           |           |           |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶                         | 12,520.53 | 12,901.34 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 12,520.53 | 12,901.34 |

**DETAILED SUMMARY PAGE**  
of Disbursements

| <b>II. Disbursements</b>                                                                       |  | <b>COLUMN A</b><br>Total This Period | <b>COLUMN B</b><br>Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------|--|--------------------------------------|------------------------------------------|
| 21. Operating Expenditures:                                                                    |  |                                      |                                          |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |  |                                      |                                          |
| (i) Federal Share .....                                                                        |  |                                      |                                          |
| (ii) Non-Federal Share.....                                                                    |  |                                      |                                          |
| (b) Other Federal Operating Expenditures .....                                                 |  |                                      |                                          |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        |  |                                      |                                          |
| 22. Transfers to Affiliated/Other Party Committees .....                                       |  | 15,000.00                            | 15,000.00                                |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         |  | 0.00                                 | 0.00                                     |
| 24. Independent Expenditures (use Schedule E) .....                                            |  |                                      |                                          |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....                   |  |                                      |                                          |
| 26. Loan Repayments Made.....                                                                  |  |                                      |                                          |
| 27. Loans Made.....                                                                            |  |                                      |                                          |
| 28. Refunds of Contributions To:                                                               |  |                                      |                                          |
| (a) Individuals/Persons Other Than Political Committees .....                                  |  |                                      |                                          |
| (b) Political Party Committees .....                                                           |  |                                      |                                          |
| (c) Other Political Committees (such as PACs).....                                             |  |                                      |                                          |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            |  |                                      |                                          |
| 29. Other Disbursements .....                                                                  |  |                                      |                                          |
| 30. Federal Election Activity (2 U.S.C. §431(20))                                              |  |                                      |                                          |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |  |                                      |                                          |
| (i) Federal Share .....                                                                        |  |                                      |                                          |
| (ii) "Levin" Share.....                                                                        |  |                                      |                                          |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           |  |                                      |                                          |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).....          |  |                                      |                                          |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      |  | 15,000.00                            | 15,000.00                                |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... |  | 15,000.00                            | 15,000.00                                |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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

NONPROFIT CORPORATION

**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 1 OF 7

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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 Bankers Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Stromsodt, Holly**

Mailing Address  
PO Box 255

City State Zip Code  
Finley, ND 58230-0255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Citizens State Bank of Finley

Occupation  
Banker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt

09 / 10 / 2019

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Stromsodt, Holly**

Mailing Address  
PO Box 255

City State Zip Code  
Finley, ND 58230-0255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Citizens State Bank of Finley

Occupation  
Banker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt

10 / 25 / 2019

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Petersen, Brian**

Mailing Address  
1845 Little Bear

City State Zip Code  
Troy, ID 83871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cornerstone Bank

Occupation  
Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

11 / 15 / 2019

Amount of Each Receipt this Period

250.00

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

460.00

**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 2 OF 7                        |                                   |
|                                                                         | <input checked="" type="checkbox"/> 11a<br>13 | <input type="checkbox"/> 11b<br>14 | <input type="checkbox"/> 11c<br>15 | <input type="checkbox"/> 12<br>16 |

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NAME OF COMMITTEE (In Full)  
**North Dakota Bankers Association Political Action Committee**

|                                                                                                                                 |                              |                                              |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Willer, Jerry</b>                                                              |                              | Date of Receipt<br>10 / 30 / 2019            |
| Mailing Address<br>PO Box 6089                                                                                                  |                              | Amount of Each Receipt this Period<br>250.00 |
| City<br>Bismarck, ND                                                                                                            | State Zip Code<br>58506-6089 |                                              |
| FEC ID number of contributing federal political committee.<br>C                                                                 |                              | Aggregate Year-to-Date<br>250.00             |
| Name of Employer<br>Kirkwood Bank & Trust                                                                                       | Occupation<br>Banker         |                                              |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                              |                                              |

|                                                                                                                                 |                              |                                              |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Hanson, Barry</b>                                                              |                              | Date of Receipt<br>10 / 17 / 2019            |
| Mailing Address<br>2718 S Columbia Rd                                                                                           |                              | Amount of Each Receipt this Period<br>300.00 |
| City<br>Grand Forks, ND                                                                                                         | State Zip Code<br>58201-6006 |                                              |
| FEC ID number of contributing federal political committee.<br>C                                                                 |                              | Aggregate Year-to-Date<br>300.00             |
| Name of Employer<br>United Valley Bank                                                                                          | Occupation<br>Banker         |                                              |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                              |                                              |

|                                                                                                                                 |                              |                                              |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Schreiner, Bruce</b>                                                           |                              | Date of Receipt<br>11 / 15 / 2019            |
| Mailing Address<br>PO Box 339                                                                                                   |                              | Amount of Each Receipt this Period<br>300.00 |
| City<br>Garrison, ND                                                                                                            | State Zip Code<br>58540-0339 |                                              |
| FEC ID number of contributing federal political committee.<br>C                                                                 |                              | Aggregate Year-to-Date<br>300.00             |
| Name of Employer<br>Garrison State Bank and Trust                                                                               | Occupation<br>Banker         |                                              |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                              |                                              |

|                                                                  |        |
|------------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 850.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

NON-PROFIT CORPORATION

**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 3 OF 7

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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 Bankers Association Political Action Committee

|                                                                                                                                 |                              |                                             |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Rachel, Kelly</b>                                                              |                              | Date of Receipt<br>09 / 10 / 2019           |
| Mailing Address<br>PO Box 2056                                                                                                  |                              | Amount of Each Receipt this Period<br>10.00 |
| City<br>Jamestown, ND                                                                                                           | State Zip Code<br>58402-2056 |                                             |
| FEC ID number of contributing federal political committee.<br>C                                                                 |                              | Aggregate Year-to-Date<br>300.00            |
| Name of Employer<br>Unison Bank                                                                                                 | Occupation<br>Banker         |                                             |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                              |                                             |

|                                                                                                                                 |                              |                                              |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Rachel, Kelly</b>                                                              |                              | Date of Receipt<br>10 / 07 / 2019            |
| Mailing Address<br>PO Box 2056                                                                                                  |                              | Amount of Each Receipt this Period<br>250.00 |
| City<br>Jamestown, ND                                                                                                           | State Zip Code<br>58402-2056 |                                              |
| FEC ID number of contributing federal political committee.<br>C                                                                 |                              | Aggregate Year-to-Date<br>300.00             |
| Name of Employer<br>Unison Bank                                                                                                 | Occupation<br>Banker         |                                              |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                              |                                              |

|                                                                                                                                 |                              |                                              |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Thompson, Scott</b>                                                            |                              | Date of Receipt<br>12 / 02 / 2019            |
| Mailing Address<br>PO Box 160                                                                                                   |                              | Amount of Each Receipt this Period<br>300.00 |
| City<br>Devils Lake, ND                                                                                                         | State Zip Code<br>58301-0160 |                                              |
| FEC ID number of contributing federal political committee.<br>C                                                                 |                              | Aggregate Year-to-Date<br>300.00             |
| Name of Employer<br>Ramsey National Bank                                                                                        | Occupation<br>Banker         |                                              |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                              |                                              |

|                                                                  |        |
|------------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 560.00 |
| <b>TOTAL</b> 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 4 OF 7

(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 Bankers Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Petersen, Nancy**

Mailing Address  
PO Box 787

City State Zip Code  
Newtown, ND 58763-0787

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

Name of Employer Occupation  
Cornerstone Bank Banker

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

**11** / **21** / **2019**

Amount of Each Receipt this Period

**300.00**

Full Name (Last, First, Middle Initial)

**B. Sayer, Susan**

Mailing Address  
PO Box 121

City State Zip Code  
Finley, ND 58230

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

Name of Employer Occupation  
Citizens State Bank of Finley Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

**11** / **12** / **2019**

Amount of Each Receipt this Period

**300.00**

Full Name (Last, First, Middle Initial)

**C. Johnson, Vaune**

Mailing Address  
3095 15th St W

City State Zip Code  
Dickinson, ND 58601-6799

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

Name of Employer Occupation  
Cornerstone Bank Banker

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

**10** / **08** / **2019**

Amount of Each Receipt this Period

**300.00**

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

**900.00**

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

**900.00**

**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 5 OF 7

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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 Bankers Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Strube, Ernie**

Mailing Address  
PO Box 506

City State Zip Code  
Mayville, ND 58257

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Goose River Bank

Occupation  
Banker

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

MM / DD / YYYY  
12 / 18 / 2019

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Henke, Lorren**

Mailing Address  
PO Box 577

City State Zip Code  
Wishek, ND 58495

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Security State Bank

Occupation  
Banker

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY  
09 / 10 / 2019

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Henke, Lorren**

Mailing Address  
PO Box 577

City State Zip Code  
Wishek, ND 58495

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Security State Bank

Occupation  
Banker

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY  
12 / 09 / 2019

Amount of Each Receipt this Period

300.00

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

610.00

**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 6 OF 7

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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 Bankers Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Fullerton, Pete**

Mailing Address  
2280 45th St S

City State Zip Code  
Fargo, ND 58104-8781

FEC ID number of contributing federal political committee.

C

Name of Employer  
Cornerstone Bank

Occupation  
Banker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

MM / DD / YYYY  
12 / 31 / 2019

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Petersen, Gary**

Mailing Address  
PO Box 787

City State Zip Code  
Newtown, ND 58763-0787

FEC ID number of contributing federal political committee.

C

Name of Employer  
Cornerstone Bank

Occupation  
Banker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
540.00

Date of Receipt

MM / DD / YYYY  
11 / 08 / 2019

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Arneson, Dell**

Mailing Address  
2280 45th St S

City State Zip Code  
Fargo, ND 58104-8781

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self

Occupation  
Business Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2,500.00

Date of Receipt

MM / DD / YYYY  
12 / 17 / 2019

Amount of Each Receipt this Period

2,500.00

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

3,500.00

**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 7 OF 7

|                                         |                              |                              |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 17 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |                             |

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NAME OF COMMITTEE (In Full)

North Dakota Bankers Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Graham, Judd

Mailing Address  
PO Box 10998

City State Zip Code  
Fargo, ND 58106-0998

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bremer Bank

Occupation  
Banker

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

MM / DD / YYYY  
09 / 10 / 2019

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B.** Graham, Judd

Mailing Address  
PO Box 10998

City State Zip Code  
Fargo, ND 58106-0998

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bremer Bank

Occupation  
Banker

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

MM / DD / YYYY  
10 / 21 / 2019

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

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

510.00

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

7,390.00

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

|                                                                         |                                      |                                        |                              |                              |                             |                              |  |  |
|-------------------------------------------------------------------------|--------------------------------------|----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one) |                                        | PAGE 1 OF 1                  |                              |                             |                              |  |  |
|                                                                         | <input type="checkbox"/> 21b         | <input checked="" 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 Bankers Association Political Action Committee**

|                                                                                                                           |                                                                                                                                      |                                                                 |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. American Bankers Association PAC</b>                                     |                                                                                                                                      | Date of Disbursement<br>MM / DD / YYYY<br><b>08 / 15 / 2019</b> |
| Mailing Address<br>1120 Connecticut Ave., N.W.                                                                            |                                                                                                                                      | Amount of Each Disbursement this Period<br><b>12,500.00</b>     |
| City<br>Washington, DC 20036                                                                                              | State Zip Code                                                                                                                       |                                                                 |
| Purpose of Disbursement<br>Transfer                                                                                       | <input type="checkbox"/> 008<br>Category/Type                                                                                        |                                                                 |
| Candidate Name                                                                                                            |                                                                                                                                      |                                                                 |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                 |
| State: District:                                                                                                          |                                                                                                                                      |                                                                 |

|                                                                                                                           |                                                                                                                                      |                                                                 |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. North Dakota Bankers Association PAC - State</b>                         |                                                                                                                                      | Date of Disbursement<br>MM / DD / YYYY<br><b>12 / 31 / 2019</b> |
| Mailing Address<br>PO Box 1438                                                                                            |                                                                                                                                      | Amount of Each Disbursement this Period<br><b>2,500.00</b>      |
| City<br>Bismarck, ND 58502-1438                                                                                           | State Zip Code                                                                                                                       |                                                                 |
| Purpose of Disbursement<br>Transfer to State PAC - Not for Federal Purpose                                                | <input type="checkbox"/> 008<br>Category/Type                                                                                        |                                                                 |
| Candidate Name                                                                                                            |                                                                                                                                      |                                                                 |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                 |
| State: District:                                                                                                          |                                                                                                                                      |                                                                 |

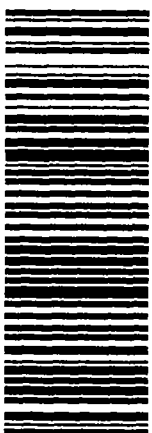
|                                                                                                                           |                                                                                                                                      |                                         |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C.</b>                                                                      |                                                                                                                                      | Date of Disbursement<br>MM / DD / YYYY  |
| Mailing Address                                                                                                           |                                                                                                                                      | Amount of Each Disbursement this Period |
| City                                                                                                                      | State Zip Code                                                                                                                       |                                         |
| Purpose of Disbursement                                                                                                   | <input type="checkbox"/> Category/Type                                                                                               |                                         |
| Candidate Name                                                                                                            |                                                                                                                                      |                                         |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                         |
| State: District:                                                                                                          |                                                                                                                                      |                                         |

|                                                                  |                  |
|------------------------------------------------------------------|------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | <b>15,000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <b>15,000.00</b> |



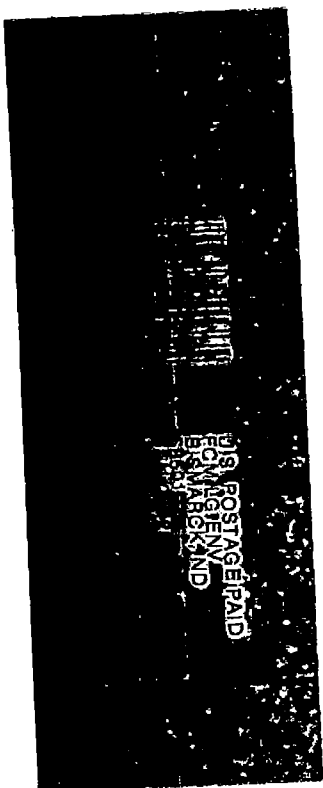
NORTH DAKOTA  
**Bankers**  
ASSOCIATION

7015 1660 0000 5369 0218



REGISTERED MAIL

RETURN RECEIPT  
REQUESTED  
JAN 20 2002  
ENTER  
DATE



Federal Election Commission  
999 E Street NW  
Washington, DC 20463

NONPROFIT ORGANIZATION 000000-1000

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

|                                                                            |                                                                      |
|----------------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Hand Delivered                                    | Date of Receipt                                                      |
| <input type="checkbox"/> USPS First Class Mail                             | Postmarked<br>Date of Receipt                                        |
| <input checked="" type="checkbox"/> USPS Registered/Certified              | Postmarked (R/C)<br>1/9/20                                           |
| <input type="checkbox"/> USPS Priority Mail                                | Postmarked                                                           |
| <input type="checkbox"/> USPS Priority Mail Express                        | Postmarked                                                           |
| <input type="checkbox"/> Postmark Illegible                                |                                                                      |
| <input type="checkbox"/> No Postmark                                       |                                                                      |
| <input type="checkbox"/> Overnight Delivery Service (Specify):             | Shipping Date<br>Next Business Day Delivery <input type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt                                                      |
| <input type="checkbox"/> Received from Senate Public Records Office        | Date of Receipt                                                      |
| <input type="checkbox"/> Received from Electronic Filing Office            | Date of Receipt                                                      |
| <input type="checkbox"/> Other (Specify):                                  | Date of Receipt or Postmarked                                        |

PREPARER *MP*  
(3/2015)

1/14/20  
DATE PREPARED

NONDISCRIMINATION NOTICE