

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER

FEB 5 11:04 AM

1. NAME OF COMMITTEE (in full) TYPE OF PRINT Example: If typing, type over the lines. 12PB4M5

NO. OAK PAC

ADDRESS (number and street) 1908 EAST DIVIDE AVE Bismarck ND 58501

2. FEC IDENTIFICATION NUMBER 00384115 3. IS THIS REPORT NEW 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) X January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Special (12S) Election on: in the State of (d) 30-Day POST-Election Report for the: General (30G) Primary (30P) Special (30S) Election on: in the State of

5. Covering Period 01/01/2003 through 12/31/2003

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Timothy A. Purdon Signature of Treasurer [Signature] Date 01/30/2004

NOTE: Submission of false, inaccurate, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 8437b.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 2X (Rev. 02/2003)

Write or Type Committee Name

**NODAK PAC**

Report Covering the Period: From: **07 01 2003** To: **12 31 2003**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <b>5003</b>		
(b) Cash on Hand at Beginning of Reporting Period	<b>12522.93</b>	
(c) Total Receipts (from Line 18)	<b>22005.10</b>	<b>47258.70</b>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(b) and 6(c) for Column B)	<b>34528.03</b>	
7. Total Disbursements (from Line 31)	<b>31417.65</b>	<b>49148.32</b>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<b>3110.44</b>	
9. Debt and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debt and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

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

FED Form 800 (Rev. 02/2003)

Page 3

Write or Type Committee Name

**NODOLK PAC**

Report Covering the Period: From: **07 01 2003**

To: **12 31 2003**

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) .....		
(ii) Unitemized .....		
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....		250
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....	22000000	47000
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	22000000	47250
12. Transfers From Affiliated/Other Party Committees .....		
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.) .....	516	876
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Annual (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)) .....	2200516	4725876
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2200516	4725876

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	22000000	47,250000
34. Total Contribution Refunds (from Line 28(d)) .....	000000	000000
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	22000000	47,250000
36. Total Federal Operating Expenditures (add Line 21(a)(1) and Line 21(b)) .....	31,417.65	49,14832
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	000000	000000
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	31,417.65	49,14832

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

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

FOR LINE NUMBER: PAGE 6 OF 21  
(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)  
**NORDAK PAC**

**A. American Crystal Sugar PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **101 N 3rd St**  
 City: **Moorhead** State: **MN** Zip Code: **56560**  
 Date of Receipt: **08 08 2003**  
 Amount of Each Receipt this Period: **200,000**  
 FEC ID number of contributing federal political committee: **C000110338**  
 Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Receipt For:  Primary  General  Other (specify) \_\_\_\_\_  
 Aggregate Year-to-Date: **200,000**

**B. Physical Therapy PT-PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **111 N Fairfax Street**  
 City: **Alexandria** State: **VA** Zip Code: **22314**  
 Date of Receipt: **08 08 2003**  
 Amount of Each Receipt this Period: **250,000**  
 FEC ID number of contributing federal political committee: **C000012880**  
 Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Receipt For:  Primary  General  Other (specify) \_\_\_\_\_  
 Aggregate Year-to-Date: **250,000**

**C. National Association of Insurance Financial Advisors**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **2401 Telesstar Court**  
 City: **Falls Church** State: **VA** Zip Code: **22042**  
 Date of Receipt: **09 30 2003**  
 Amount of Each Receipt this Period: **500,000**  
 FEC ID number of contributing federal political committee: **C000005249**  
 Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Receipt For:  Primary  General  Other (specify) \_\_\_\_\_  
 Aggregate Year-to-Date: **500,000**

**SUBTOTAL** of Receipts This Page (optional) **950,000**  
**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 21	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<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)  
NOIOAK PAC

A. Full Name (Last, First, Middle Initial)  
MetLife PAC

Mailing Address  
One MetLife Plaza

City State Zip Code  
Long Island City NY 11101

FEC ID number of contributing federal political committee  
C00040923

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date  
250000

Date of Receipt  
12 26 2003

Amount of Each Receipt this Period  
250000

B. Full Name (Last, First, Middle Initial)  
American Hospital Association PAC

Mailing Address  
325 Seventh Street NW

City State Zip Code  
Washington DC 20004-2803

FEC ID number of contributing federal political committee  
C00106146

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date  
250000

Date of Receipt  
12 21 2003

Amount of Each Receipt this Period  
250000

C. Full Name (Last, First, Middle Initial)  
Physical Therapy PT-PAC

Mailing Address  
111 N Fairfax Street

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee  
C00012880

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date  
500000

Date of Receipt  
12 26 2003

Amount of Each Receipt this Period  
250000

SUBTOTAL of Receipts This Page (optional) ▶

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

750000

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

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

FOR LINE NUMBER: PAGE 8 OF 21  
(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 contributor.

NAME OF COMMITTEE (In Full)  
**NOROL PAC**

**A. UPS PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **55 Glenlake Parkway NE**  
 City: **Atlanta** State: **GA** Zip Code: **30339**  
 Date of Receipt: **12 20 2003**  
 Amount of Each Receipt this Period: **300000**  
 Aggregate Year-to-Date: **300000**  
 Receipt For:  Primary  General  Other (specify)

**B. American Assoc of Nurse Anesthetists PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **412 1st Street SE Suite 102**  
 City: **Washington** State: **DC** Zip Code: **20003**  
 Date of Receipt: **12 21 2003**  
 Amount of Each Receipt this Period: **200000**  
 Aggregate Year-to-Date: **200000**  
 Receipt For:  Primary  General  Other (specify)

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 Date of Receipt  
 Amount of Each Receipt this Period  
 Aggregate Year-to-Date  
 Receipt For:  Primary  General  Other (specify)

**SUBTOTAL** of Receipts This Page (optional) **500000**  
**TOTAL** This Period (last page this line number only) **2000000**

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

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

FOR LINE NUMBER: PAGE 2 OF 21  
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NODAK PAC

Full Name (Last, First, Middle Initial)

A. Bank Center First

Mailing Address

320 N 4th St

City Bismarck State ND Zip Code 58501

FEC ID number of contributing federal political committee

C

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

4.01

Date of Receipt

07 15 2003

Amount of Each Receipt this Period

0.40

Full Name (Last, First, Middle Initial)

B. Bank Center First

Mailing Address

320 N 4th St

City Bismarck State ND Zip Code 58501

FEC ID number of contributing federal political committee

C

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

4.94

Date of Receipt

08 15 2003

Amount of Each Receipt this Period

4.3

Full Name (Last, First, Middle Initial)

C. Bank Center First

Mailing Address

320 N 4th St

City Bismarck State ND Zip Code 58501

FEC ID number of contributing federal political committee

C

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

5.99

Date of Receipt

09 15 2003

Amount of Each Receipt this Period

1.05

SUBTOTAL (of Receipts This Page (optional))

23.9

TOTAL This Period (last page this form 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)

<input 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 checked="" type="checkbox"/> 16

PAGE 10 OF 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**NODAK PAC**

**A. Bank Center First**

Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee.  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date

Date of Receipt: **10/15/2003**

Amount of Each Receipt this Period: **093**

Aggregate Year-to-Date: **1092**

**B. Bank Center First**

Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee.  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date

Date of Receipt: **11/15/2003**

Amount of Each Receipt this Period: **113**

Aggregate Year-to-Date: **805**

**C. Bank Center First**

Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee.  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date

Date of Receipt: **12/15/2003**

Amount of Each Receipt this Period: **071**

Aggregate Year-to-Date: **876**

SUBTOTAL of Receipts This Page (optional) **277**

TOTAL This Period (last page this line number only) **516**

**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 1 OF 21

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

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)  
**NORDAK PAC**

Full Name (Last, First, Middle Initial)  
**A. Office Max**

Mailing Address

Date of Disbursement  
**07 23 2003**

City **Bismarck** State **ND** Zip Code **58501**

Purpose of Disbursement  
**office supplies expense**

Candidate Name

Amount of Each Disbursement this Period  
**4990**

Category/Type  
**006**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)  
**B. Gould, Tessa A**

Mailing Address  
**710 N 4th St**

Date of Disbursement  
**07 03 2003**

City **Bismarck** State **ND** Zip Code **58501**

Purpose of Disbursement  
**salary expense**

Candidate Name

Amount of Each Disbursement this Period  
**93333**

Category/Type  
**001**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)  
**C. Monte's**

Mailing Address  
**500 Broadway Ave**

Date of Disbursement  
**07 17 2003**

City **Fargo** State **ND** Zip Code **58102**

Purpose of Disbursement  
**catering expense**

Candidate Name

Amount of Each Disbursement this Period  
**1617**

Category/Type  
**004**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) **10440**

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 OF 21
	<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"/> 28 <input type="checkbox"/> 29	

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)  
**NOVAK PAC**

**A.** Full Name (Last, First, Middle Initial): **GOULD, TESSA A**

Mailing Address: **710 N 4th St**

City: **Bismarck** State: **ND** Zip Code: **58501**

Purpose of Disbursement: **salary expense**

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: **07/31/2003**

Amount of Each Disbursement this Period: **23333**

Category Type: **001**

**B.** Full Name (Last, First, Middle Initial): **INTERNAL REVENUE SERVICE**

Mailing Address: \_\_\_\_\_

City: **Ogden** State: **UTAH** Zip Code: **84201**

Purpose of Disbursement: **payroll tax expense**

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: **07/31/2003**

Amount of Each Disbursement this Period: **12984**

Category Type: **001**

**C.** Full Name (Last, First, Middle Initial): **FRAIOLI AND ASSOCIATES**

Mailing Address: **80 F Street NW Suite 804**

City: **Washington** State: **DC** Zip Code: **20001**

Purpose of Disbursement: **fundraising consultant expense**

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: **07/31/2003**

Amount of Each Disbursement this Period: **10480**

Category Type: **003**

SUBTOTAL of Disbursements This Page (optional): **201184**

TOTAL This Period (last page this line number only): \_\_\_\_\_

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

Use separate subtotals for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)								PAGE 13 OF 21
	<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"/> 28	<input type="checkbox"/> 29

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)  
**NORLAK PAC**

**A. Internal Revenue Service**

Full Name (Last, First, Middle Initial): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: **Ogden** State: **Utah** Zip Code: **84401**  
 Purpose of Disbursement: **payroll tax expense** Category/Type: **001**  
 Candidate Name: \_\_\_\_\_  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_  
 State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: **07/31/2003**  
 Amount of Each Disbursement This Period: **291.00**

**B. NO Workforce Safety Insurance**

Full Name (Last, First, Middle Initial): \_\_\_\_\_  
 Mailing Address: **PO Box 5585**  
 City: **Bismarck** State: **ND** Zip Code: **58500**  
 Purpose of Disbursement: **payroll expense** Category/Type: **001**  
 Candidate Name: \_\_\_\_\_  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_  
 State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: **07/31/2003**  
 Amount of Each Disbursement This Period: **125.00**

**C. NO Job Service**

Full Name (Last, First, Middle Initial): \_\_\_\_\_  
 Mailing Address: **PO Box 5507**  
 City: **Bismarck** State: **ND** Zip Code: **58500**  
 Purpose of Disbursement: **payroll expense** Category/Type: **001**  
 Candidate Name: \_\_\_\_\_  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_  
 State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: **07/31/2003**  
 Amount of Each Disbursement This Period: **346.71**

**SUBTOTAL** of Disbursements This Page (optional): **450.67**

**TOTAL** This Period (last page this line number only): \_\_\_\_\_

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

Use separate schedules for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 14 OF 21
	<input checked="" type="checkbox"/> 21a	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27

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)  
**NOBOLK PAC**

A. **Gould, Tessa A**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **710 N 4th St**  
 City: **Bismarck** State: **ND** Zip Code: **58501**  
 Purpose of Disbursement: **salary expense** Category/Type: **001**  
 Candidate Name: \_\_\_\_\_  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_  
 State: \_\_\_\_\_ District: \_\_\_\_\_  
 Date of Disbursement: **08 29 2003**  
 Amount of Each Disbursement this Period: **861.44**

B. **Fraioni and Associates**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **80 F Street NW, Suite 904**  
 City: **Washington** State: **DC** Zip Code: **20001**  
 Purpose of Disbursement: **fundraising consultant expense** Category/Type: **1003**  
 Candidate Name: \_\_\_\_\_  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_  
 State: \_\_\_\_\_ District: \_\_\_\_\_  
 Date of Disbursement: **08 22 2003**  
 Amount of Each Disbursement this Period: **1000.00**

C. **ND State Tax Commissioner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: \_\_\_\_\_  
 City: **Bismarck** State: **ND** Zip Code: **58501**  
 Purpose of Disbursement: **payroll expense** Category/Type: **001**  
 Candidate Name: \_\_\_\_\_  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_  
 State: \_\_\_\_\_ District: \_\_\_\_\_  
 Date of Disbursement: **09 30 2003**  
 Amount of Each Disbursement this Period: **166.5**

SUBTOTAL of Disbursements This Page (optional) **1868.94**  
 TOTAL This Period (last page this line number only)

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

Use separate worksheets for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 15 OF 21
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b	

Any information copied from such reports and statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)  
**NODAK PAC**

A. **Fraioli and Associates** Date of Disbursement: **10 01 2003**

Mailing Address: **80 F Street NW Suite 804**

City: **Washington** State: **DC** Zip Code: **20001**

Purpose of Disbursement: **fundraising consultant expense** Category/Type: **003**

Candidate Name: \_\_\_\_\_ Amount of Each Disbursement this Period: **1,000.00**

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_  
 State: \_\_\_\_\_ District: \_\_\_\_\_

B. **Could, Tessa A** Date of Disbursement: **09 17 2003**

Mailing Address: **710 N 4th St**

City: **Bismarck** State: **ND** Zip Code: **58501**

Purpose of Disbursement: **salary expense** Category/Type: **001**

Candidate Name: \_\_\_\_\_ Amount of Each Disbursement this Period: **801.44**

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_  
 State: \_\_\_\_\_ District: \_\_\_\_\_

C. **NO Workforce Safety Insurance** Date of Disbursement: **09 05 2003**

Mailing Address: **PO BOX 5585**

City: **Bismarck** State: **ND** Zip Code: **58506**

Purpose of Disbursement: **payroll expense** Category/Type: **001**

Candidate Name: \_\_\_\_\_ Amount of Each Disbursement this Period: **1,250.00**

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_  
 State: \_\_\_\_\_ District: \_\_\_\_\_

SUBTOTAL of Disbursements This Page (optional) **1,980.44**

TOTAL This Period (last page 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 OF 21
	<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	

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)  
**NOROOK PAC**

Full Name (Last, First, Middle Initial)  
**A. New Leaders Conference**

Mailing Address  
**1902 East Divide Ave**

City  
**Bismarck** State  
**ND** Zip Code  
**58501**

Purpose of Disbursement  
**001**

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
**10 28 2003**

Amount of Each Disbursement this Period  
**500000**

Full Name (Last, First, Middle Initial)  
**B. Fraioli and associates**

Mailing Address  
**80 F Street NW; Suite 804**

City  
**Washington** State  
**DC** Zip Code  
**20001**

Purpose of Disbursement  
**fundraising consultant expense 003**

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
**10 28 2003**

Amount of Each Disbursement this Period  
**100000**

Full Name (Last, First, Middle Initial)  
**C. Gould, Tessa A**

Mailing Address  
**710 N 4th St**

City  
**Bismarck** State  
**ND** Zip Code  
**58501**

Purpose of Disbursement  
**salary expense 001**

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
**10 24 2003**

Amount of Each Disbursement this Period  
**833.33**

SUBTOTAL of Disbursements This Page (optional) **1083333**

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 7 OF 21
	<input checked="" type="checkbox"/> 21a	<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	

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 committees.

NAME OF COMMITTEE (In Full)  
**NODAK PAC**

**A.** Full Name (Last, First, Middle Initial) Gould, Tessa A Date of Disbursement 10 28 2003

Mailing Address 710 N 4th St

City Bismarck State ND Zip Code 58501

Purpose of Disbursement salary expense Category Type 001 Amount of Each Disbursement this Period 261.44

Candidate Name \_\_\_\_\_

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

**B.** Full Name (Last, First, Middle Initial) Fraioli and Associates Date of Disbursement 11 30 2003

Mailing Address 20 F St NW Suite 804

City Washington State DC Zip Code 20001

Purpose of Disbursement fundraising consultant expense Category Type 003 Amount of Each Disbursement this Period 1000.00

Candidate Name \_\_\_\_\_

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

**C.** Full Name (Last, First, Middle Initial) Gould, Tessa A Date of Disbursement 11 21 2003

Mailing Address 710 N 4th St

City Bismarck State ND Zip Code 58501

Purpose of Disbursement salary expense Category Type 001 Amount of Each Disbursement this Period 261.44

Candidate Name \_\_\_\_\_

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

SUBTOTAL of Disbursements This Page (optional) 2722.88

TOTAL This Period (last page this line number only)



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

Use separate schedules for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 13 OF 21
	<input checked="" type="checkbox"/> 27b	<input type="checkbox"/> 27c	<input type="checkbox"/> 27d	<input type="checkbox"/> 27e	<input type="checkbox"/> 27f	<input type="checkbox"/> 27g	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)  
**NODAK PAC**

**A. Fraioli and Associates**

Full Name (Last, First, Middle Initial): **Fraioli and Associates**

Date of Disbursement: **07 02 2003**

Mailing Address: **80 F Street NW, Suite 804**

City: **Washington** State: **DC** Zip Code: **20001**

Purpose of Disbursement: **Raising consultant expense** Category/Type: **003**

Candidate Name: \_\_\_\_\_ Amount of Each Disbursement this Period: **1000.00**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

**B.**

Full Name (Last, First, Middle Initial): \_\_\_\_\_

Date of Disbursement: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purpose of Disbursement: \_\_\_\_\_ Category/Type: \_\_\_\_\_

Candidate Name: \_\_\_\_\_ Amount of Each Disbursement this Period: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

**C.**

Full Name (Last, First, Middle Initial): \_\_\_\_\_

Date of Disbursement: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purpose of Disbursement: \_\_\_\_\_ Category/Type: \_\_\_\_\_

Candidate Name: \_\_\_\_\_ Amount of Each Disbursement this Period: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

SUBTOTAL of Disbursements This Page (optional) **1000.00**

TOTAL This Period (last page this line number only) **1791.65**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER (check only one)						PAGE 19 OF 21
	<input type="checkbox"/> 21a	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30a	

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)  
**NORDAK PAC**

Full Name (Last, First, Middle Initial)  
**A. NO Dem-NPL**

Mailing Address  
**1902 E Divide Ave**

City **Bismarck** State **ND** Zip Code **58501**

Purpose of Disbursement  
**Contribution** **011** Category Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) **▼**

State: District:

Date of Disbursement  
**12 31 2003**

Amount of Each Disbursement this Period  
**250000**

Full Name (Last, First, Middle Initial)  
**B. Friends of Baron Hill 00038415**

Mailing Address  
**PO Box 1071**

City **Seymour** State **IN** Zip Code **47374**

Purpose of Disbursement  
**Contribution** **011** Category Type

Candidate Name  
**Baron P. Hill**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) **▼**

State: **IN** District:

Date of Disbursement  
**12 29 2003**

Amount of Each Disbursement this Period  
**100000**

Full Name (Last, First, Middle Initial)  
**C. Moore for Congress 00033101cd**

Mailing Address  
**PO Box 160031**

City **Shawnee Mission** State **KS** Zip Code **66205**

Purpose of Disbursement  
**Contribution** **011** Category Type

Candidate Name  
**Dennis Moore**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) **▼**

State: **KS** District:

Date of Disbursement  
**12 29 2003**

Amount of Each Disbursement this Period  
**100000**

SUBTOTAL of Disbursements this Page (optional) **450000**

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 Disbursements Summary Page	FOR LINE NUMBER (check only one)	PAGE 30 OF 31
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 23a
	<input checked="" type="checkbox"/> 23 <input type="checkbox"/> 26b	<input type="checkbox"/> 24 <input type="checkbox"/> 26a
	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 28 <input type="checkbox"/> 30b

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)  
**NOROOK PAC**

A. **Friends of Tim Holden** C002105322

Full Name (Last, First, Middle Initial)

Mailing Address: **18 N 2nd St**

City: **Saint Clair** State: **PA** Zip Code: **17970**

Purpose of Disbursement: **contribution**

Candidate Name: **Tim Holden**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **PA** District: **0**

Date of Disbursement: **12/29/2003**

Amount of Each Disbursement This Period: **500.00**

Category Type: **011**

B. **NIO Dem-NPL** C00013748

Full Name (Last, First, Middle Initial)

Mailing Address: **1902 East Divide Ave**

City: **Bismarck** State: **ND** Zip Code: **58501**

Purpose of Disbursement: **contribution**

Candidate Name:

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: **12/29/2003**

Amount of Each Disbursement This Period: **500.00**

Category Type: **011**

C. **Hersehn for Congress** C003107103

Full Name (Last, First, Middle Initial)

Mailing Address: **PO Box 604**

City: **Brookings** State: **SD** Zip Code: **57000**

Purpose of Disbursement: **contribution**

Candidate Name: **Stephanie Hersehn**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **SD** District: **AL**

Date of Disbursement: **11/24/2003**

Amount of Each Disbursement This Period: **1000.00**

Category Type: **011**

SUBTOTAL of Disbursements This Page (optional): **1050.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 2 OF 3
	<input type="checkbox"/> 21a 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 28d	<input type="checkbox"/> 26 28e	

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)  
**NOLOAK PAC**

A. **Matheson for Congress 000344721**

Full Name (Last, First, Middle Initial) \_\_\_\_\_ Date of Disbursement **12 29 2003**

Mailing Address **1077 South 200 West, Suite A**

City **Salt Lake City** State **Utah** Zip Code **84101**

Purpose of Disbursement **contribution** Amount of Each Disbursement This Period **1,000.00**

Candidate Name **Jim Matheson** Category Type **011**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: **UT** District: **02**

B. **Chandler for Congress 000393512**

Full Name (Last, First, Middle Initial) \_\_\_\_\_ Date of Disbursement **12 29 2003**

Mailing Address **975 Pisgah Pike**

City **Versailles** State **KY** Zip Code **40383**

Purpose of Disbursement **contribution** Amount of Each Disbursement This Period **1,000.00**

Candidate Name **Ben Chandler** Category Type **011**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: **KY** District: **06**

C. **Hooley for Congress 000316307**

Full Name (Last, First, Middle Initial) \_\_\_\_\_ Date of Disbursement **12 29 2003**

Mailing Address **PO Box 2050**

City **Salem** State **OR** Zip Code **97308**

Purpose of Disbursement **contribution** Amount of Each Disbursement This Period **500.00**

Candidate Name **Carlene Hooley** Category Type **011**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: **OR** District: **5**

SUBTOTAL (1 Disbursements This Page (optional) .....	<b>2500.00</b>
TOTAL This Period (last page has line number only) .....	<b>13500.00</b>

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
<input checked="" type="checkbox"/> USPS Registered/Certified/Priority/Express Mail	Postmarked (R/C) 1-31-04
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<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
<i>dmp</i>	2-5-04
PREPARER	DATE PREPARED