DEM-NPL

1902 East Divide Avenue • Bismarck, North Dakota 58501
(701) 255-0460 • Fax (701) 255-7823

NORTH DAKOTA DEMOCRATIC-NPL
★★★★★

FED ELECTION
APR 28 11 47 AM '97

Federal Election Commission
Attn: Andrea S. Wilkens
999 E St NW
Washington, DC 20463

Identification Number: C00013478

Dear Andrea,

Enclosed please find the amended pages to the ND Dem-NPL's year end report. The pages included should be:

Schedule C - pages 1-4
Schedule H2

If you have any further questions, please feel free to call.

Also, would you please notify the Commission that on March 1, 1997 - Mariann Lang of Mandan was elected the new State Party Treasurer.

Thank you.

Patricia Lemer

Patricia (Trish) Lemer

SCHEDULE C
(Revised 3/80)

LOANS

Page 1 of 4
LINE NUMBER 13
(Use separate schedules for each numbered line)

Name of Committee (in Full)
North Dakota Democratic-Nonpartisan League Party

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Perry Gretberg 955 3rd Ave. SW Valley City, ND 58072 Election: _ Primary _ General _ Other (specify):	5,000.00	-0-	5,000.00

Terms: Date Incurred 10/23/96 Date Due None Interest Rate None % (apr) _ Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
George Gaukler P.O. Box 446 Valley City, ND 58072 Election: _ Primary _ General _ Other (specify):	2,000.00	-0-	2,000.00

Terms: Date Incurred 10/23/96 Date Due None Interest Rate None % (apr) _ Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	

SUBTOTALS This Period This Page (optional)	7,000.00
TOTALS This Period (last page in this line only)	

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

FEC Form 3

SCHEDULE C
(Revised 3/80)

LOANS

Page 2 of 4
LINE NUMBER 12
(Use separate schedules for each numbered line)

Name of Committee (in Full)
North Dakota Democratic-Nonpartisan League Party

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Audrey Gaukler 965 10th Ave NE Valley City, ND 58072 Election: _ Primary _ General _ Other (specify):	5,000.00	-0-	5,000.00

Terms: Date Incurred 10-23-96 Date Due None Interest Rate None %(apr) _ Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
James P. Knutson 1350 4th Ave NE Valley City, ND 58072 Elections: _ Primary _ General _ Other (specify):	5000.00	-0-	5000.00

Terms: Date Incurred 10/23/96 Date Due None Interest Rate None %(apr) _ Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	

SUBTOTALS This Period This Page (optional)	10,000.00
TOTALS This Period (last page in this line only)	

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

FESAN134

SCHEDULE C
(Revised 3/80)

LOANS

Page 3 of 4
LINE NUMBER 13
(Use separate schedules for each numbered line)

Name of Committee (in Full)
North Dakota Democratic-Nonpartisan League Party

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Jim Broten 1637 106th Ave SE Dazey, ND 58439 Election: _ Primary _ General _ Other (specify):	5000.00	-0-	5,000.00

Terms: Date Incurred 10/23/96 Date Due NONE Interest Rate None %(apr) _ Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Carol Jean Larsen 400 N. 1st St Bismarck, ND 58501 Election: _ Primary _ General _ Other (specify):	4,000.00	-0-	4,000.00

Terms: Date Incurred 10/28/96 Date Due NONE Interest Rate None %(apr) _ Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		

SUBTOTALS This Period This Page (optional)	9,000.00
TOTALS This Period (last page in this line only)	

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

FEEAN135

SCHEDULE C
(Revised 3/80)

LOANS

Page 4 of 4
LINE NUMBER 13
(Use separate schedules for each numbered line)

Name of Committee (In Full)
North Dakota Democratic-Nonpartisan League Party

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
State Bank of Fargo 3100 13th Avenue SW Fargo, ND 58103 Election: _ Primary X General _ Other (specify):	14,000.00	0	$14,000.00

Terms: Date Incurred 12/26/96 Date Due 1/15/97 Interest Rate 9.25 %(apr) _ Secured

List All Endorsers or Guarantors (If any) to Item A

1. Full Name, Mailing Address and ZIP Code Dan Hannaher 1213 7th St S Fargo, ND 58103	Name of Employer Hannaher's Inc. Occupation President Amount Guaranteed Outstanding: $4,000.00		
2. Full Name, Mailing Address and ZIP Code Gorman King, Jr. PO Box 1917 Fargo, ND 58107	Name of Employer Self Occupation Attorney Amount Guaranteed Outstanding: $ 4,000.00		
3. Full Name, Mailing Address and ZIP Code Loral Hannaher 1213 7th St S Fargo, ND 58103	Name of Employer Moorhead State Univ. Occupation Teacher Amount Guaranteed Outstanding: $ 4,000.00		

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: _ Primary _ General _ Other (specify):			

Terms: Date Incurred _____ Date Due _____ Interest Rate _____ %(apr) _ Secured

List All Endorsers or Guarantors (If any) to Item B

4. 1. Full Name, Mailing Address and ZIP Code George Gaukler PO Box 446 Valley City, ND 58072	Name of Employer Valley Realty Occupation President Amount Guaranteed Outstanding: $ 2,000.00		
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $		
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding $		

SUBTOTALS This Period This Page (optional) $6500.00

TOTALS This Period (last page in this line only) $40,000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to [illegible]

SCHEDULE H2
(effective 1/1/91)

ALLOCATION RATIOS

NAME OF COMMITTEE

North Dakota Democratic-Nonpartisan League Party

ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT APPEARING ON THIS REPORT.

Methods of allocation:

I. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.

II. **EXEMPT** activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.

III. Shared **DIRECT CANDIDATE** support activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
Women Vote '96 Mailing ACTIVITY IS: ___ FUNDRAISING ___ X EXEMPT ___ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ___ NEW ___ REVISED ___ SAME AS PREVIOUSLY REPORTED	68%	32%
NAME OF ACTIVITY OR EVENT ACTIVITY IS: ___ FUNDRAISING ___ EXEMPT ___ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ___ NEW ___ REVISED ___ SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: ___ FUNDRAISING ___ EXEMPT ___ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ___ NEW ___ REVISED ___ SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: ___ FUNDRAISING ___ EXEMPT ___ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ___ NEW ___ REVISED ___ SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: ___ FUNDRAISING ___ EXEMPT ___ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ___ NEW ___ REVISED ___ SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: ___ FUNDRAISING ___ EXEMPT ___ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ___ NEW ___ REVISED ___ SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: ___ FUNDRAISING ___ EXEMPT ___ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ___ NEW ___ REVISED ___ SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 4-22-97
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

SBS — PREPARER

4-29-97 — DATE PREPARED

FEC FORM 70-2 (12/92)