

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED

2014 OCT 15 AM 10:46 Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5 FEDERAL MAIL CENTER

North Dakota Medical Association Political Action Committee

ADDRESS (number and street) PO Box 1198

Check if different than previously reported. (ACC)

BISMARCK ND 58502-1198

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

000003061

3. IS THIS REPORT

NEW (N) [X]

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) (Non-Election Year Only) []
Mar 20 (M3) [] Jun 20 (M6) [] Sep 20 (M9) [] Dec 20 (M12) (Non-Election Year Only) []
Apr 20 (M4) [] Jul 20 (M7) [] Oct 20 (M10) [] Jan 31 (YE) []

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

- Primary (12P) [] General (12G) [] Runoff (12R) []
Convention (12C) [] Special (12S) []
Election on [] in the State of []

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

- General (30G) [] Runoff (30R) [] Special (30S) []
Election on [] in the State of []

5. Covering Period

07 01 2014 through 09 30 2014

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 Thomas I. Strinden

Signature of Treasurer

[Handwritten Signature]

Date

10 14 2014

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

Table with 10 columns and 2 rows (Office Use Only)

FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

North Dakota Medical Association Political Action Committee

Report Covering the Period:

From:

07 ' 01 ' 2014

To:

09 ' 30 ' 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014	2014	149586
(b) Cash on Hand at Beginning of Reporting Period.....	1213.01	
(c) Total Receipts (from Line 19).....	7095.00	7095.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	8308.01	8590.86
7. Total Disbursements (from Line 31).....	3992.35	4275.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	4315.66	4315.66
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts 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

Write or Type Committee Name

North Dakota Medical Association Political Action Committee

Report Covering the Period: From: 07 ' 01 ' 2014 To: 09 ' 30 ' 2014

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).....

400.00

400.00

(ii) Unitemized

6,695.00

6,695.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

7,095.00

7,095.00

(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)..... ▶

7,095.00

7,095.00

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.).....

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))..... ▶

7,095.00

7,095.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

7,095.00

7,095.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B 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	44.85	77.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	44.85	77.70
22. Transfers to Affiliated/Other Party Committees	3,547.50	3,547.50
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	250.00
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	400.00	400.00
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))..	3,992.35	4,275.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3,992.35	4,275.20

1-800-424-9541

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)		
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)		
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4485	7770
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4485	7770

NON-PROFIT

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 1

<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 Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sheets-Olson Barbara A

Mailing Address

PO Box 1049

City

Lisbon

State

ND

Zip Code

58054

FEC ID number of contributing federal political committee.

C

Date of Receipt

07 / 11 / 2014

Amount of Each Receipt this Period

400.00

Name of Employer

Family Medical Clinic

Occupation

Physician

Receipt For:

Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Date of Receipt

Amount of Each Receipt this Period

Name of Employer

Occupation

Receipt For:

Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Date of Receipt

Amount of Each Receipt this Period

Name of Employer

Occupation

Receipt For:

Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

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

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

400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE		OF	
	<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

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 Medical Association Political Action Committee

A. Full Name (Last, First, Middle Initial) **AMPAC** Date of Disbursement **07/17/2014**

Mailing Address **25 Massachusetts Ave NW Ste 600**

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

Purpose of Disbursement **Transfer** Amount of Each Disbursement this Period **210000**

Candidate Name _____ Category/Type **008**

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

State: _____ District: _____

B. Full Name (Last, First, Middle Initial) **AMPAC** Date of Disbursement **08/01/2014**

Mailing Address **25 Massachusetts Ave NW Ste 600**

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

Purpose of Disbursement **Transfer** Amount of Each Disbursement this Period **750.00**

Candidate Name _____ Category/Type **008**

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

State: _____ District: _____

C. Full Name (Last, First, Middle Initial) **AMPAC** Date of Disbursement **09/11/2014**

Mailing Address **25 Massachusetts Ave NW Ste 600**

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

Purpose of Disbursement **Transfer** Amount of Each Disbursement this Period **69750**

Candidate Name _____ Category/Type **008**

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

State: _____ District: _____

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

TOTAL This Period (last page this line number only)..... **354750**

12011001-1-1001

earth smart FOUNDED 1992
 FedEx carbon-neutral
 envelope shipping

STANDARD 0

TRKT 8652 1966 8348
 0215

XC RDVA



FID 5010117 14OCT14 BISA 522C1/DF64/6500

14OCT15 AM 10:46
 FEC MAIL CENTER

0215

Receipt

RT 677
 FZ 9
 8348
 10.15

FedEx® US Airbill
 Express

FedEx Tracking number

8652 1966 8348

1 From This portion can be removed for Recipient's records.

Date 10/13/14 FedEx Tracking Number 865219668348

Sender's Name LEANN TSCHEBER REASON Phone 701 283-9475

Company NORTH DAKOTA MEDICAL ASSOC

Address 1622 E INTERSTATE AVE

City BISMARCK State ND ZIP 58503-0561

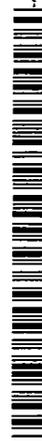
2 Your Internal Billing Reference

3 To Recipient's Name
 Company **FEC**
 Address **999 E ST NW**
 City **Washington** State **DC** ZIP **20463**
 Phone **202 694-1100**

4 Recipient's Name
 Company
 Address
 City
 State
 ZIP

5 Payment Bill to:
 Sender
 Recipient
 Third Party
 Credit Card

Total Packages 0377154641



Express

RECIPIENT: FEEL HERE

4a Express Package Service
 FedEx Priority Overnight
 FedEx Standard Overnight
 FedEx 2Day
 FedEx 2Day Freight
 FedEx 1Day Freight
 FedEx Express Saver

4b Express Freight Service
 FedEx 2Day Freight
 FedEx 1Day Freight
 FedEx Express Saver

5 Packaging
 FedEx Envelope
 FedEx Pak
 FedEx Tube

6 Special Handling
 HOLD at FedEx Location
 HOLD at FedEx Location
 HOLD at FedEx Location

7 Payment Bill to:
 Sender
 Recipient
 Third Party
 Credit Card

8 Residential Delivery Signature Options
 Signature Required
 Signature Required
 Signature Required

Total Weight

Our liability is limited to \$100 unless you declare a higher value. See the current FedEx Service Guide for details.

If you require a signature, check D

