

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

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

12FE4M5

Pam Gulleon for North Dakota

ADDRESS (number and street)

PO Box 6517

Check if different than previously reported. (ACC)

Fargo

ND

58109

2. FEC IDENTIFICATION NUMBER

C C00503284

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT NEW (N) OR AMENDED (A)

ND 00

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)

Termination Report (TER)

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

- Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)

Election on M M / D D / Y Y Y Y in the State of

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

- General (30G) Runoff (30R) Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period

M M / D D / Y Y Y Y 11 / 27 / 2012 through M M / D D / Y Y Y Y 12 / 31 / 2012

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 Joseph Kroeber

Signature of Treasurer Joseph Kroeber

[Electronically Filed]

Date

M M / D D / Y Y Y Y 08 / 30 / 2013

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 7 columns and 1 row for Office Use Only

SUMMARY PAGE
of Receipts and Disbursements

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Write or Type Committee Name

Pam Guleson for North Dakota

Report Covering the Period: From: / / 2012 To: / / 2012

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	0.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	695.71	0.00
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	695.71	0.00
8. Cash on Hand at Close of Reporting Period (from Line 27).....	4733.84	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	8317.14	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Pam Guleson for North Dakota

Report Covering the Period: From: 11 / 27 / 2012 To: 12 / 31 / 2012

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of 11 / 06 / 2012 (date of general election)	COLUMN C Total for 11 / 07 / 2012 (date after general election)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
0.00	0.00	3300.00
(ii) Unitemized		
0.00	0.00	737.39
(iii) Total of contributions from individuals		
0.00	0.00	4037.39
(b) Political Party Committees		
0.00	0.00	0.00
(c) Other Political Committees		
0.00	0.00	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
0.00	0.00	4037.39
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
0.00	0.00	4037.39

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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Write or Type Committee Name

Pam Guleson for North Dakota

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

II. DISBURSEMENTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES		
<input type="text" value="695.71"/>	<input type="text" value="0.00"/>	<input type="text" value="15316.10"/>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Of All Other Loans		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	0.00	0.00
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(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00	0.00	0.00
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21. OTHER DISBURSEMENTS

0.00	0.00	0.00
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22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

695.71	0.00	15316.10
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

0.00	0.00	4037.39
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

695.71	0.00	15316.10
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5429.55
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	5429.55
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	695.71
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	4733.84

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 10			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 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)
Pam Guleson for North Dakota

Full Name (Last, First, Middle Initial) A. Paychex, Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2012
Mailing Address 5253 Prue Rd Ste 100		Amount of Each Disbursement this Period 203.00 Transaction ID : D431581
City San Antonio	State TX Zip Code 78240-1759	
Purpose of Disbursement Payroll Services	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. First Data USA		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2012
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period 485.71 Transaction ID : D427184
City Atlanta	State GA Zip Code 30342-4799	
Purpose of Disbursement Merchant Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. First Data USA		Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2012
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period 7.00 Transaction ID : D431576
City Atlanta	State GA Zip Code 30342-4799	
Purpose of Disbursement Merchant Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	695.71
TOTAL This Period (last page this line number only).....	695.71

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Pam Gulleson for North Dakota

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Ecce Gallery

Mailing Address 216 North Broadway Drive

City State Zip Code
 Fargo ND 58102

Nature of Debt (Purpose):
Event Expenses

Outstanding Balance Beginning This Period **Transaction ID : D427181**
100.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 100.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Paychex, Inc.

Mailing Address 5253 Prue Rd Ste 100

City State Zip Code
 San Antonio TX 78240-1759

Nature of Debt (Purpose):
Payroll Services

Outstanding Balance Beginning This Period **Transaction ID : D431580**
203.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 203.00 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Capitol Compliance Associates

Mailing Address 709A 8th St SE

City State Zip Code
 Washington DC 20003-3191

Nature of Debt (Purpose):
Compliance Services

Outstanding Balance Beginning This Period **Transaction ID : D427179**
2000.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 2000.00

1) SUBTOTALS This Period This Page (optional)	▶	2100.00
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶		

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

Pam Guleson for North Dakota

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
NGP VAN

Mailing Address 1101 15th St NW
 Ste 500

City State Zip Code
 Washington DC 20005-5006

Nature of Debt (Purpose):
 Database Services

Outstanding Balance Beginning This Period	Transaction ID : D427185	
1100.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1100.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
First Data USA

Mailing Address 5565 Glenridge Connector NE
 Ste 2000

City State Zip Code
 Atlanta GA 30342-4799

Nature of Debt (Purpose):
 Merchant Fees

Outstanding Balance Beginning This Period	Transaction ID : D427183	
485.71		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	485.71	0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
First Data USA

Mailing Address 5565 Glenridge Connector NE
 Ste 2000

City State Zip Code
 Atlanta GA 30342-4799

Nature of Debt (Purpose):
 Merchant Fees

Outstanding Balance Beginning This Period	Transaction ID : D431575	
7.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	7.00	0.00

1) SUBTOTALS This Period This Page (optional)	1100.00
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

Pam Gulleson for North Dakota

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
First Data USA

Mailing Address 5565 Glenridge Connector NE
 Ste 2000

City State Zip Code
 Atlanta GA 30342-4799

Nature of Debt (Purpose):
 Merchant Fees

Outstanding Balance Beginning This Period **Transaction ID : D431577**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
First Community Credit Union

Mailing Address 111 9th St SW
 PO Box 2075

City State Zip Code
 Jamestown ND 58401-4617

Nature of Debt (Purpose):
 Credit Card Payment

Outstanding Balance Beginning This Period **Transaction ID : D427175**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Jasmine Zamani

Mailing Address 7240 Evans Mill Rd

City State Zip Code
 McLean VA 22101-3422

Nature of Debt (Purpose):
 Fundraising Consulting

Outstanding Balance Beginning This Period **Transaction ID : D427180**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="5117.14"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="8317.14"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="8317.14"/>