

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 Gulleson 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

X

NEW (N)

OR

AMENDED (A)

ND

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

X

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

01 / 01 / 2013

through

M M /

D D /

Y Y Y Y

03 / 31 / 2013

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.

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Pam Guleson for North Dakota**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	383.28	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)).....	383.28	0.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	5117.14	0.00
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.02	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	5117.12	0.00
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	0.00	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	3200.00	

**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: 01 / 01 / 2013 To: 03 / 31 / 2013

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)  through 03 / 31 / 2013 (last day of reporting period)
<b>11. CONTRIBUTIONS</b> (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		
383.28	0.00	383.28
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
383.28	0.00	4420.67
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.)		
0.02	0.00	0.02
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
383.30	0.00	4420.69

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 12

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)
<b>17. OPERATING EXPENDITURES</b>		
<input type="text" value="5117.14"/>	<input type="text" value="0.00"/>	<input type="text" value="20433.24"/>
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
<b>19. LOAN REPAYMENTS:</b>		
(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"/>
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(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
------	------	------

**21. OTHER DISBURSEMENTS**

0.00	0.00	0.00
------	------	------

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

5117.14	0.00	20433.24
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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))

383.28	0.00	4420.67
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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)

5117.12	0.00	20433.22
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**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4733.84
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	383.30
25. SUBTOTAL (add Line 23 and Line 24).....	5117.14
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5117.14
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 12
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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) <b>Pam Guleson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 19 / 2013	
Mailing Address PO Box 215		<b>Transaction ID : C9712076</b>	
City Rutland	State ND	Zip Code 58067-0215	
FEC ID number of contributing federal political committee. C H2ND00115		Amount of Each Receipt this Period 383.28	
Name of Employer Self Employed	Occupation Farmer		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 383.28		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount of Each Receipt this Period	
City	State	Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount of Each Receipt this Period	
City	State	Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	383.28
<b>TOTAL</b> This Period (last page this line number only).....	383.28

**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 8 OF 12			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Pam Gulleon for North Dakota**

Full Name (Last, First, Middle Initial) <b>A. First Community Credit Union</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2013
Mailing Address 111 9th St SW PO Box 2075		Amount of Each Disbursement this Period 207.92 <b>Transaction ID : D449840</b>
City Jamestown State ND Zip Code 58401-4617	Purpose of Disbursement Credit Card Payment	
Candidate Name	Category/Type	
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>B. Jasmine Zamani</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2013
Mailing Address 7240 Evans Mill Rd		Amount of Each Disbursement this Period 4500.00 <b>Transaction ID : D449843</b>
City McLean State VA Zip Code 22101-3422	Purpose of Disbursement Fundraising Consulting	
Candidate Name	Category/Type	
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>c. Pam Gulleon</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2013
Mailing Address PO Box 215		Amount of Each Disbursement this Period 383.28 <b>Transaction ID : D449844</b>
City Rutland State ND Zip Code 58067-0215	Purpose of Disbursement Credit Card Payment	
Candidate Name <b>Pam Gulleon</b>	Category/Type	
Office Sought: <input checked="" 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: ND District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5091.20
<b>TOTAL</b> This Period (last page this line number only).....	



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : D449840

Itemized credit card expenses did not individually aggregate over \$200 and therefore did not appear as memo entries on this report.

Form/Schedule:

Transaction ID:

**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 10 OF 12		
	<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 Gulleon for North Dakota**

Full Name (Last, First, Middle Initial) <b>A. First Data USA</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2013
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period 25.94
City Atlanta	State GA Zip Code 30342-4799	
Purpose of Disbursement Merchant Fees	Candidate Name	Transaction ID : D431578
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	25.94
<b>TOTAL</b> This Period (last page this line number only).....	5117.14

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 11 OF 12
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**Pam Gulleson for North Dakota**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Ecce Gallery</b>	Nature of Debt (Purpose): Event Expenses
Mailing Address 216 North Broadway Drive	
City State Zip Code Fargo ND 58102	

Outstanding Balance Beginning This Period <input type="text" value="100.00"/>	<b>Transaction ID : D427181</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="100.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Capitol Compliance Associates</b>	Nature of Debt (Purpose): Compliance Services
Mailing Address 709A 8th St SE	
City State Zip Code Washington DC 20003-3191	

Outstanding Balance Beginning This Period <input type="text" value="2000.00"/>	<b>Transaction ID : D427179</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2000.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>NGP VAN</b>	Nature of Debt (Purpose): Database Services
Mailing Address 1101 15th St NW Ste 500	
City State Zip Code Washington DC 20005-5006	

Outstanding Balance Beginning This Period <input type="text" value="1100.00"/>	<b>Transaction ID : D427185</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1100.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="3200.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**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**  
25.94

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 25.94 0.00

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**  
591.20

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 591.20 0.00

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**  
4500.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 4500.00 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	3200.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	3200.00