RECEIVED
FEC MAIL
OPERATIONS CENTER

2006 JUL 12 A 10:44

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) — TYPE OR PRINT ▼ — Example: If typing, type over the lines. — 12FE4M5

North Dakota Committee on Medical Political Action

ADDRESS (number and street) ▼ PO Box 1198

☐ Check if different than previously reported. (ACC)

Bismarck — ND — 58502-1198

CITY ▲ — STATE ▲ — ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼ C00003061

3. IS THIS REPORT ☒ NEW (N) 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)
- ☐ 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)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ 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 04 / 01 / 2006 through 06 / 30 / 2006

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 [signature] Date 07 / 11 / 2006

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 3X
Rev. 12/2004

FE5AN015

26031140105

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

North DaKota Committee on Medical Political Action

Report Covering the Period: From: 04 / 01 / 2006 To: 06 / 30 / 2006

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2006		468178
(b) Cash on Hand at Beginning of Reporting Period	469669	
(c) Total Receipts (from Line 19)	687004	688495
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1156673	1156673
7. Total Disbursements (from Line 31)	351200	351200
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	805473	805473
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

25031154065

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

North Dakota Committee on Medical Political Action

Report Covering the Period: From: 04 / 01 / 2006 To: 06 / 30 / 2006

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	6850.00	6850.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	6850.00	6850.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ▶	6850.00	6850.00
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.)	20.04	34.95
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)) ▶	6870.04	6884.95
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	6870.04	6884.95

25031134407

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	1200	1200
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	1200	1200
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	31000.00	31000.00
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	4000.00	4000.00
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))	351200	351200
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	351200	351200

26031163408

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)	6850.00	6850.00
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)) ▶	1200	1200
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	1200	1200

26020141349

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 OF

☐ 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)

A.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer

Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt M M / D D / Y Y Y Y

Amount of Each Receipt this Period

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer

Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt M M / D D / Y Y Y Y

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer

Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶

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

26031141710

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)
[ ] 21b [ ] 22 [X] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 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 Committee on Medical Political Action

A.
Full Name (Last, First, Middle Initial): American Committee on Medical Political Action
Mailing Address: 1101 Vermont Ave NW
City: Washington State: DC Zip Code: 20005
Purpose of Disbursement: Transfer
Candidate Name:
Category/Type: 008
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 05 / 03 / 2006
Amount of Each Disbursement this Period: 2,200.00

B.
Full Name (Last, First, Middle Initial): American Committee on Medical Political Action
Mailing Address: 1101 Vermont Ave NW
City: Washington State: DC Zip Code: 20005
Purpose of Disbursement: Transfer
Candidate Name:
Category/Type: 008
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 05 / 31 / 2006
Amount of Each Disbursement this Period: 450.00

C.
Full Name (Last, First, Middle Initial): American Committee on Medical Political Action
Mailing Address: 1101 Vermont Ave NW
City: Washington State: DC Zip Code: 20005
Purpose of Disbursement: Transfer
Candidate Name:
Category/Type: 008
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 06 / 29 / 2006
Amount of Each Disbursement this Period: 450.00

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶ 3,100.00

25011341157

SCHEDULE C (FEC Form 3X)
LOANS

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

PAGE OF

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

LOAN SOURCE Full Name (Last, First, Middle Initial)

Mailing Address

City State ZIP Code

Election:
- [ ] Primary
- [ ] General
- [ ] Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate % (apr)

Secured: [ ] Yes [ ] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶

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.

25031113412

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.

☐ Hand Delivered	Date of Receipt
☐ USPS First Class Mail	Postmarked
☐ USPS Registered/Certified	Postmarked (R/C)
☐ USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label ☐	
☐ USPS Express Mail	Postmarked
☐ Postmark Illegible	
☐ No Postmark	
☑ Overnight Delivery Service (Specify): Fed Ex	Shipping Date 7/11/06
Next Business Day Delivery ☑	
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked
PREPARER	DATE PREPARED 7/12/06

(3/2005)

26021124115