

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 Fargo ND 58109 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00503284 3. IS THIS REPORT NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT 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 07 / 01 / 2013 through M M / D D / Y Y Y Y 08 / 30 / 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.

**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
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	4825.00	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)).....	4825.00	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	4825.00	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)).....	4825.00	0.00
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**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: 07 / 01 / 2013 To: 08 / 30 / 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 08 / 30 / 2013 (last day of reporting period)
<b>11. CONTRIBUTIONS</b> (other than loans) FROM:		
<b>(a) Individuals/Persons Other than Political Committees</b>		
<b>(i) Itemized (use Schedule A)</b>		
0.00	0.00	3300.00
<b>(ii) Unitemized</b>		
0.00	0.00	737.39
<b>(iii) Total of contributions from individuals</b>		
0.00	0.00	4037.39
<b>(b) Political Party Committees</b>		
0.00	0.00	0.00
<b>(c) Other Political Committees</b>		
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		
4825.00	0.00	5208.28
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
4825.00	0.00	9245.67
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.)		
0.00	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)		
4825.00	0.00	9245.69

**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)
<b>17. OPERATING EXPENDITURES</b>		
<input type="text" value="4825.00"/>	<input type="text" value="0.00"/>	<input type="text" value="25258.24"/>
<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
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**22. TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d) and 21)

4825.00	0.00	25258.24
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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))

4825.00	0.00	9245.67
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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)

4825.00	0.00	25258.22
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**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	4825.00
25. SUBTOTAL (add Line 23 and Line 24).....	4825.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4825.00
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 11
	<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 08 / 29 / 2013
Mailing Address PO Box 215		<b>Transaction ID : C9712080</b>
City Rutland	State ND	
FEC ID number of contributing federal political committee. <b>C H2ND00115</b>		Amount of Each Receipt this Period 2000.00
Name of Employer Self Employed	Occupation Farmer	* In-Kind: Compliance Services
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5208.28	

Full Name (Last, First, Middle Initial) <b>Pam Guleson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 29 / 2013
Mailing Address PO Box 215		<b>Transaction ID : C9712081</b>
City Rutland	State ND	
FEC ID number of contributing federal political committee. <b>C H2ND00115</b>		Amount of Each Receipt this Period 1500.00
Name of Employer Self Employed	Occupation Farmer	* In-Kind: Compliance Services
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5208.28	

Full Name (Last, First, Middle Initial) <b>Pam Guleson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 29 / 2013
Mailing Address PO Box 215		<b>Transaction ID : C9712082</b>
City Rutland	State ND	
FEC ID number of contributing federal political committee. <b>C H2ND00115</b>		Amount of Each Receipt this Period 125.00
Name of Employer Self Employed	Occupation Farmer	* In-Kind: Database Services
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5208.28	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3625.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 8 OF 11
	<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	

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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 08 / 29 / 2013	
Mailing Address PO Box 215		<b>Transaction ID : C9712078</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 1100.00	
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 5208.28		
		* In-Kind: Database Services	

Full Name (Last, First, Middle Initial) <b>Pam Guleson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 29 / 2013	
Mailing Address PO Box 215		<b>Transaction ID : C9712079</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 100.00	
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 5208.28		
		* In-Kind: Room Rental	

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address			
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).....	1200.00
<b>TOTAL</b> This Period (last page this line number only).....	4825.00



**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 9 OF 11			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Pam Gulleon</b>		Date of Disbursement MM / DD / YYYY 08 / 29 / 2013
Mailing Address PO Box 215		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : D449850</b>
City Rutland	State ND	
Purpose of Disbursement Compliance Services		Category/ Type
Candidate Name <b>Pam Gulleon</b>		
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)	* In-Kind Received
State: ND	District: 00	

Full Name (Last, First, Middle Initial) <b>B. Pam Gulleon</b>		Date of Disbursement MM / DD / YYYY 08 / 29 / 2013
Mailing Address PO Box 215		Amount of Each Disbursement this Period 125.00 <b>Transaction ID : D449851</b>
City Rutland	State ND	
Purpose of Disbursement Database Services		Category/ Type
Candidate Name <b>Pam Gulleon</b>		
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)	* In-Kind Received
State: ND	District: 00	

Full Name (Last, First, Middle Initial) <b>C. Pam Gulleon</b>		Date of Disbursement MM / DD / YYYY 08 / 29 / 2013
Mailing Address PO Box 215		Amount of Each Disbursement this Period 1100.00 <b>Transaction ID : D449845</b>
City Rutland	State ND	
Purpose of Disbursement Database Services		Category/ Type
Candidate Name <b>Pam Gulleon</b>		
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)	* In-Kind Received
State: ND	District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2725.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 11	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Pam Guleson</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2013
Mailing Address PO Box 215		Amount of Each Disbursement this Period 2100.00 <b>Transaction ID : D449846</b>
City Rutland	State ND	
Zip Code 58067-0215	Purpose of Disbursement Room Rental	* In-Kind Received
Candidate Name <b>Pam Guleson</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		

Full Name (Last, First, Middle Initial) <b>B. Pam Guleson</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2013
Mailing Address PO Box 215		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : D449847</b>
City Rutland	State ND	
Zip Code 58067-0215	Purpose of Disbursement Compliance Services	* In-Kind Received
Candidate Name <b>Pam Guleson</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		

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	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2100.00
<b>TOTAL</b> This Period (last page this line number only).....	4825.00

**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**

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  
**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**

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  
**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**

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

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