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SECRETARY OF THE SENATE
04 OCT 10 PM 1:17

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation
MARTIN WISHNATSKY

(b) Address (number and street) ☐ check if different than previously reported
P.O. BOX 413

(c) City, State and ZIP Code
FARGO, ND 58107

3. FEC Identification Number
C

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☐ Yes ☐ No

Individual filers only — Name of Employer: FAMILY LIFE CREDIT SERVICES — Occupation: COMPLIANCE OFFICER

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☒ October 15 Quarterly Report
☐ January 31 Year-End Report

☐ 24-Hour Notice ☐ 48-Hour Notice

☐ 12-Day Report preceding the election. ▼
Type of Election | Date of Election | State

☐ 30-Day Report following the General Election. ▼
Date of Election | State

b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM 07 01 2004 THROUGH 09 30 2004

6. TOTAL CONTRIBUTIONS ..... $ 5,743.25

7. TOTAL INDEPENDENT EXPENDITURES ..... $ 5,743.25

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
MARTIN WISHNATSKY	Mark Wishnatsky	10/10/04

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

For further information, contact:
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

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SCHEDULE 5-A
ITEMIZED RECEIPTS

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 FILER (In Full)
MARTIN WISHNATSKY

A. Full Name (Last, First, Middle Initial)
WISHNATSKY, MARTIN

Mailing Address
P.O. BOX 413

City: FARGO State: ND Zip Code: 58107

FEC ID number of contributing federal political committee. C

Name of Employer: FAMILY LIFE CREDIT SERVICES

Occupation: COMPLIANCE OFFICER

Date of Receipt: 09 / 20 / 2004

Amount of Each Receipt this Period: 5,743.25

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

Date of Receipt

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

Date of Receipt

Amount of Each Receipt this Period

D. 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

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶

TOTAL This Period (last page carry total to Line 6) ▶ 5,743.25

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SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 1 OF 1
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full): MARTIN WISHNATSKY

Full Name (Last, First, Middle Initial) of Payee: MINOT DAILY NEWS
Mailing Address: P.O. BOX 1150
City: MINOT State: ND Zip Code: 58702
Date: 09 21 2004
Amount: 9,685.0
Purpose of Expenditure: ~~EXPOSE'~~ 8-PAGE INSERT (23,500)
Category/Type: 0.0.4
Office Sought: House / [X] Senate / President — State: ND — District:
Name of Federal Candidate Supported or Opposed by Expenditure: BYRON DORGAN
Check One: Support / [X] Oppose
Calendar Year-To-Date Per Election for Office Sought: 9,685.0
Disbursement For: Primary / [X] General / Other (specify)

Full Name (Last, First, Middle Initial) of Payee: BISMARCK TRIBUNE
Mailing Address: P.O. BOX 5516
City: BISMARCK State: ND Zip Code: 58506
Date: 09 21 2004
Amount: 22,968.0
Purpose of Expenditure: 8-PAGE INSERT (30,000)
Category/Type: 0.0.4
Office Sought: House / [X] Senate / President — State: ND — District:
Name of Federal Candidate Supported or Opposed by Expenditure: BYRON DORGAN
Check One: Support / [X] Oppose
Calendar Year-To-Date Per Election for Office Sought: 22,968.0
Disbursement For: Primary / [X] General / Other (specify)

Full Name (Last, First, Middle Initial) of Payee: BAVON PRESS
Mailing Address: 615 MAIN AVE. W.
City: W. FARGO State: ND Zip Code: 58078
Date: 09 21 2004
Amount: 2,477.95
Purpose of Expenditure: PRINT NEWSPAPER INSERT (50,000)
Category/Type: 0.0.4
Office Sought: House / [X] Senate / President — State: ND — District:
Name of Federal Candidate Supported or Opposed by Expenditure: BYRON DORGAN
Check One: Support / [X] Oppose
Calendar Year-To-Date Per Election for Office Sought: 2,477.95
Disbursement For: Primary / [X] General / Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures ▶ 5,743.25

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7) ▶ 5,743.25

Martin Wishnatsky
P.O. Box 413
Fargo, ND 58107

FARGO ND 58102
PM
31 OCT
2004

Secretary of the Senate
Office of Public Records
232 Hart Senate Office Building
Washington, DC 20510-7116

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EMILY J. REYNOLDS
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

____HAND DELIVERED _____
Date of Receipt

____REGISTERED/CERTIFIED MAIL _____
Postmarked

____RECEIVED FROM THE FEDERAL ELECTION COMMISSION _____
Date of Receipt

DELIVERY CONFIRMATION/ON LINE TRACKING SYSTEM
____PRIORITY MAIL /WITH CONFIRMATION SHEET
____EXPRESS MAIL
____FEDERAL EXPRESS
____UPS
____DHL
____AIRBORNE EXPRESS _____
Postmark

____PRIORITY MAIL (NO CONFIRMATION) _____
Date of Receipt

✓ FIRST CLASS MAIL 10-11-04
Date of Receipt

____FAX _____
Date of Receipt

____NO POSTMARK ____POSTMARK ILLEGIBLE

____OTHER _____
Date of Receipt

RD 10-20-04
Preparer Date Prepared

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