



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Cramer for Congress**

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))....	31219.00	1372891.64
(b) Total Contribution Refunds (from Line 20(d)) .....	4800.00	14815.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	26419.00	1358076.64
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	324814.29	1304663.90
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	2432.33
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	324814.29	1302231.57
8. Cash on Hand at Close of Reporting Period (from Line 27).....	164005.61	
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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Cramer for Congress**

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	18755.00	723876.59
(ii) Unitemized .....	12464.00	149564.05
(iii) TOTAL of contributions from individuals .....	31219.00	873440.64
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	499451.00
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	31219.00	1372891.64
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	18133.58
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	2432.33
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	31219.00	1393457.55

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	324814.29	1304663.90
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	4800.00	14815.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	4800.00	14815.00
21. OTHER DISBURSEMENTS .....	5000.00	19800.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	334614.29	1339278.90

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	467400.90
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	31219.00
25. SUBTOTAL (add Line 23 and Line 24).....	498619.90
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	334614.29
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	164005.61

**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 5 OF 38
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input 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)  
**Cramer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**SHIRLEY ANDERSON**

Mailing Address 1508 SUNDANCE DR S

City FARGO State ND Zip Code 58104-7296

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11.6197**

Amount of Each Receipt this Period  
 CONTRIBUTION **100.00**

**B.** Full Name (Last, First, Middle Initial)  
**MARK BERNSTEIN**

Mailing Address 784 HWY 43

City SOURIS State ND Zip Code 58783-

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation FARMING

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11.6202**

Amount of Each Receipt this Period  
 CONTRIBUTION **250.00**

**C.** Full Name (Last, First, Middle Initial)  
**DONNA COUTTS**

Mailing Address 805 3 STREET NW APT S4

City BOWMAN State ND Zip Code 58623-4470

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **270.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11.6196**

Amount of Each Receipt this Period  
 CONTRIBUTION **100.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**450.00**

**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 6 OF 38
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input 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)  
**Cramer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**PHILIP DAVIDSON**

Mailing Address 2512 131ST AVE NW

City ARNEGARD State ND Zip Code 58835-

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 15 / 2014

**Transaction ID : SA11.6201**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PAUL DIEHL**

Mailing Address 513 PORTAGE DR  
UKKC120204

City BISMARCK State ND Zip Code 58503-0266

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
235.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 10 / 2014

**Transaction ID : SA11.6056**

Amount of Each Receipt this Period  
50.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CHRISTOPHER B. FORD**

Mailing Address 713 MUNICH DRIVE

City BISMARCK State ND Zip Code 58504-7042

FEC ID number of contributing federal political committee. **C**

Name of Employer KNIFE RIVER CORPORATION Occupation CONTROLLER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1025.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 10 / 2014

**Transaction ID : SA11.6026**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1300.00

**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 38
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input 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)  
**Cramer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**PIUS GLASS**

Mailing Address **2404 N 4TH ST**

City **BISMARCK** State **ND** Zip Code **58503-1188**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 09 / 2014**

**Transaction ID : SA11.5959**

Amount of Each Receipt this Period  
**50.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**NORMAN GRAF**

Mailing Address **3124 COLORADO LN APT 808  
UKCC120201**

City **BISMARCK** State **ND** Zip Code **58503-5452**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **330.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 09 / 2014**

**Transaction ID : SA11.5952**

Amount of Each Receipt this Period  
**50.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**LAVON GRUBB**

Mailing Address **1829 8TH ST SW**

City **MINOT** State **ND** Zip Code **58701-6410**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **HOUSEWIFE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **580.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 14 / 2014**

**Transaction ID : SA11.6136**

Amount of Each Receipt this Period  
**30.00**  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**130.00**

**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 8 OF 38
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input 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)  
**Cramer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ELMER HEUPEL**

Mailing Address 7555 HIGHWAY 49  
UKCC120201

City NEW LEIPZIG State ND Zip Code 58562-9758

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation FARMER/RANCHER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 09 / 2014

**Transaction ID : SA11.5947**

Amount of Each Receipt this Period  
50.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DAVID HOFFMANN**

Mailing Address 2243 120TH AVE NW  
UKKC120205

City WATFORD CITY State ND Zip Code 58854-9259

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation FARMER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 13 / 2014

**Transaction ID : SA11.6106**

Amount of Each Receipt this Period  
200.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**EUGENE HOLEN**

Mailing Address P.O. BOX 73  
UKCC120201

City ARNEGARD State ND Zip Code 58835-0073

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation HIGH SCHOOL TEACHER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 10 / 2014

**Transaction ID : SA11.6001**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

350.00

**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 9 OF 38
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input 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)  
**Cramer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ETHELEEN HOOVESTOL**

Mailing Address 3655 COUNTY ROAD 139  
UKCC120201

City NEW SALEM State ND Zip Code 58563-9020

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation RANCHER/FARMER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 10 / 2014

**Transaction ID : SA11.6027**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**HERB HUBER**

Mailing Address 15 PRAIRIEWOOD XING S

City FARGO State ND Zip Code 58103-4667

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
275.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 09 / 2014

**Transaction ID : SA11.5975**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DONAVAN HUMMEL**

Mailing Address 909 8TH STREET S.E.

City MINOT State ND Zip Code 58701-4867

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation BUSINESS OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 13 / 2014

**Transaction ID : SA11.6087**

Amount of Each Receipt this Period  
200.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1300.00

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

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

FOR LINE NUMBER: PAGE 10 OF 38  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 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)  
**Cramer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**FRANK J. KASOWSKI**  
 Mailing Address P.O. BOX 370  
 UKCC120203  
 City State Zip Code  
 CASSELTON ND 58012-0370  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF FARMER  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 10 2014  
**Transaction ID : SA11.6005**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DAVID KJELSTRUP**  
 Mailing Address PO BOX 281  
 City State Zip Code  
 UNDERWOOD ND 58576-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE RETIRED  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 10 2014  
**Transaction ID : SA11.6018**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ALAN KLEIN**  
 Mailing Address 9200 FOREST DR  
 UKCC120201  
 City State Zip Code  
 BISMARCK ND 58503-6538  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE RETIRED  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 10 2014  
**Transaction ID : SA11.5999**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

750.00

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

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

FOR LINE NUMBER: PAGE 11 OF 38  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  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)  
**Cramer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM KLEMETSON**

Mailing Address 2612 SUNNY PL

City BISMARCK State ND Zip Code 58503-

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation FARMING

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11.6188**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PHIL KRAEMER**

Mailing Address 2696 FOX FARM ROAD  
UKCC120201

City GRAND FORKS State ND Zip Code 58203-3806

FEC ID number of contributing federal political committee. **C**

Name of Employer LUNSETH PLBG & HTG Occupation MECHANICAL CONTRACTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11.6190**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CLIFFORD KROPP**

Mailing Address 8669 29TH ST SE

City JAMESTOWN State ND Zip Code 58401-9607

FEC ID number of contributing federal political committee. **C**

Name of Employer KROPP FARMS Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 10 / 2014

**Transaction ID : SA11.6011**

Amount of Each Receipt this Period  
**150.00**  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**350.00**

**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 12 OF 38
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input 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)  
**Cramer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ESTHER KY SAR**

Mailing Address 2910 DAYTONA DR

City BISMARCK State ND Zip Code 58503-0924

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
245.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2014

**Transaction ID : SA11.5926**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ANNE LEE**

Mailing Address 2209 8TH AVE E

City WILLISTON State ND Zip Code 58801-6225

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11.6189**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CLARICE LIECHTY**

Mailing Address P.O. BOX 467  
511 8TH STREET SW UKCC120201

City JAMESTOWN State ND Zip Code 58402-0467

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation FARMER/REAL ESTATE INVESTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2014

**Transaction ID : SA11.6103**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1125.00

**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 13 OF 38
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input 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)  
**Cramer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CHARLES LINDQUIST**

Mailing Address 206 1 1/2 SREET NW

City HETTINGER State ND Zip Code 58639-

FEC ID number of contributing federal political committee. **C**

Name of Employer AIR DAKOTA FLITE INC Occupation PILOT/MECHANIC

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**225.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11.6192**

Amount of Each Receipt this Period  
 CONTRIBUTION  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**CHARLES MCCAULEY**

Mailing Address 832 PARK PLACE

City WILLISTON State ND Zip Code 58801-4054

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : SA11.5984**

Amount of Each Receipt this Period  
 CONTRIBUTION  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**LARRY MCGILLIS**

Mailing Address P.O. BOX 194  
UKKC120204

City PORTLAND State ND Zip Code 58274-0194

FEC ID number of contributing federal political committee. **C**

Name of Employer MAYPORT INSURANCE & REALTY INC Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 10 / 2014

**Transaction ID : SA11.6009**

Amount of Each Receipt this Period  
 CONTRIBUTION  
**200.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**350.00**

**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 14 OF 38
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input 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)  
**Cramer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**RUTH OLSON**

Mailing Address 3350 MAPLEWOOD CT. S.

City FARGO State ND Zip Code 58104-

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 06 / 2014

**Transaction ID : SA11.5904**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**RICHARD G. PETERSON**

Mailing Address 3419 PETERSON PKWY NE

City FARGO State ND Zip Code 58102-1239

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 10 / 2014

**Transaction ID : SA11.6025**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**GUNAY RAGHIB**

Mailing Address 1504 11TH ST SE  
UKCC120201

City MINOT State ND Zip Code 58701-2709

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFF( Occupation INFORMATION REQUESTED PER BEST EFF(

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11.6193**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**300.00**

**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 15 OF 38
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input 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)  
**Cramer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM K. ROBERTSON**

Mailing Address 601 JEFFERSON, SUITE 3600

City HOUSTON State TX Zip Code 77002-7906

FEC ID number of contributing federal political committee. **C**

Name of Employer QUINTANA MINERALS Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 08 / 2014

**Transaction ID : SA11.5944**

Amount of Each Receipt this Period  
 2600.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT ROSENVOLD**

Mailing Address 901 13TH AVENUE E

City WEST FARGO State ND Zip Code 58078-3306

FEC ID number of contributing federal political committee. **C**

Name of Employer OHNSTAD TWICHELL Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 10 / 2014

**Transaction ID : SA11.6003**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MICHAEL ROWE**

Mailing Address 1619 N. 33RD STREET, APT. #4

City BISMARCK State ND Zip Code 58501-7742

FEC ID number of contributing federal political committee. **C**

Name of Employer BSC Occupation INSTRUCTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
230.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 07 / 2014

**Transaction ID : SA11.5922**

Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3650.00

**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 16 OF 38
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input 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)  
**Cramer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DOUGLAS J. RUED**

Mailing Address 1911 TERRACE DRIVE  
UKCC120201

City State Zip Code  
MINOT ND 58703-1169

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
BREMER INSURANCE INSURANCE AGENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 03 / 2014

**Transaction ID : SA11.5883**

Amount of Each Receipt this Period  
1250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JOHN SCHATZ**

Mailing Address 223 5TH STREET E

City State Zip Code  
NAPOLEON ND 58561-7218

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF FARMER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 10 / 2014

**Transaction ID : SA11.6029**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**SCOTT SCHNEIDER**

Mailing Address PO BOX 1092

City State Zip Code  
FARGO ND 58107-1092

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
US GOVERNMENT ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 10 / 2014

**Transaction ID : SA11.6020**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2000.00

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

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

FOR LINE NUMBER: PAGE 17 OF 38  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 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)  
**Cramer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JOSEPH SHEA**

Mailing Address 695 62ND ST SE  
UKCC120201

City HAZELTON State ND Zip Code 58544-9386

FEC ID number of contributing federal political committee. **C**

Name of Employer MICHELS POWER Occupation LINEMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 09 / 2014

**Transaction ID : SA11.5972**

Amount of Each Receipt this Period  
50.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT SLAWSON**

Mailing Address 1675 BROADWAY SUITE 1600

City DENVER State CO Zip Code 80202-4610

FEC ID number of contributing federal political committee. **C**

Name of Employer SLAWSON COMPANIES, INC. Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 01 / 2014

**Transaction ID : SA11.5872**

Amount of Each Receipt this Period  
2600.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**PAT SOGARD**

Mailing Address 1409 4TH AVE E

City WILLISTON State ND Zip Code 58801-4320

FEC ID number of contributing federal political committee. **C**

Name of Employer AMERICAN STATE BANK & TRUST CO. Occupation BANKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 13 / 2014

**Transaction ID : SA11.6110**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3150.00

**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 18 OF 38
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input 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)  
**Cramer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ROBERT SORENSON**

Mailing Address 811 SQUAW POINT RD

City BOTTINEAU State ND Zip Code 58318-8181

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 10 / 2014

**Transaction ID : SA11.6036**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**LARRY SUMMERS**

Mailing Address 902 4TH ST

City MADDOCK State ND Zip Code 58348-

FEC ID number of contributing federal political committee. **C**

Name of Employer SUMMERS MANUFACTURING CO. Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 10 / 2014

**Transaction ID : SA11.6019**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**LLOYD O. THOMPSON**

Mailing Address 311 11TH AVE S #102  
UKCC120201

City FARGO State ND Zip Code 58103-2856

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11.6191**

Amount of Each Receipt this Period  
**150.00**  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**650.00**

**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 19 OF 38
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)  
**Cramer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ENOCH THORSGARD**

Mailing Address 325 39TH ST NE

City NORTHWOOD State ND Zip Code 58267-9563

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation FARMER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2900.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11.6182**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CALVIN TININENKO**

Mailing Address P.O. BOX 5191

City GRAND FORKS State ND Zip Code 58206-5191

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 03 / 2014

**Transaction ID : SA11.5882**

Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DAVID VAN BERKOM**

Mailing Address P.O. BOX 156  
UKKC120205

City POWERS LAKE State ND Zip Code 58773-

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation SALES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 10 / 2014

**Transaction ID : SA11.6006**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1200.00

**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 20 OF 38
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input 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)  
**Cramer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**PATRICIA L. VAN BERKOM**

Mailing Address 126 5TH ST W  
UKCC120201

City WILLISTON State ND Zip Code 58801-5231

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**900.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 13 / 2014

**Transaction ID : SA11.6112**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**TONY P. WELDER**

Mailing Address 1314 BAYVIEW COURT

City BISMARCK State ND Zip Code 58504-7086

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation PHARMACIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**330.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 13 / 2014

**Transaction ID : SA11.6092**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MARTIN A. WHITE**

Mailing Address 3308 46TH AVE SE

City MANDAN State ND Zip Code 58554-4730

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation ADVISOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 10 / 2014

**Transaction ID : SA11.6048**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1600.00**

**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 21 OF 38
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input 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)  
**Cramer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**STANLEY WRIGHT**

Mailing Address **PO BOX 97**

City **STANLEY** State **ND** Zip Code **58784-0097**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**450.00**

Date of Receipt  
 /  /

**Transaction ID : SA11.6007**

Amount of Each Receipt this Period

CONTRIBUTION

**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)

Election Cycle-to-Date

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

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** 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 22 OF 38		
	<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)  
**Cramer for Congress**

Full Name (Last, First, Middle Initial) <b>A. ANDREA BERGE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2014
Mailing Address 1802 35TH ST SW UNIT B		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB17.I867</b>
City FARGO State ND Zip Code 58103	Purpose of Disbursement ADVERTISING FEES	
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. RACHEL BUENING</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 1900 21ST AVE S. A[T] 305		Amount of Each Disbursement this Period 285.00 <b>Transaction ID : SB17.I843</b>
City FARGO State ND Zip Code 58103	Purpose of Disbursement SALARY	
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>C. RACHEL BUENING</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 1900 21ST AVE S. A[T] 305		Amount of Each Disbursement this Period 125.00 <b>Transaction ID : SB17.I844</b>
City FARGO State ND Zip Code 58103	Purpose of Disbursement MILEAGE REIMBURSEMENT	
Candidate Name	Category/Type	
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).....	810.00
<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 23 OF 38	
	<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)  
**Cramer for Congress**

Full Name (Last, First, Middle Initial) <b>A. KRIS CRAMER</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 01 / 2014</b>
Mailing Address <b>4256 HIGHCREEK RD</b>		Amount of Each Disbursement this Period <b>1500.00</b>
City <b>BISMARCK</b>	State <b>ND</b>	Zip Code <b>58503</b>
Purpose of Disbursement <b>SALARY</b>	Category/Type	
Candidate Name	Transaction ID : <b>SB17.I834</b>	
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:		

Full Name (Last, First, Middle Initial) <b>B. JOHN MITZEL</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 01 / 2014</b>
Mailing Address <b>2002 UNIVERSITY AVE, APT 3</b>		Amount of Each Disbursement this Period <b>180.00</b>
City <b>GRAND FORKS</b>	State <b>ND</b>	Zip Code <b>58203</b>
Purpose of Disbursement <b>SALARY</b>	Category/Type	
Candidate Name	Transaction ID : <b>SB17.I832</b>	
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:		

Full Name (Last, First, Middle Initial) <b>C. ELIZABETH MORRIS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 01 / 2014</b>
Mailing Address <b>PO BOX 460</b>		Amount of Each Disbursement this Period <b>270.00</b>
City <b>HILLSBORO</b>	State <b>ND</b>	Zip Code <b>58045</b>
Purpose of Disbursement <b>SALARY</b>	Category/Type	
Candidate Name	Transaction ID : <b>SB17.I824</b>	
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).....	<b>1950.00</b>
<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 24 OF 38			
	<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)  
**Cramer for Congress**

Full Name (Last, First, Middle Initial) <b>A. LISA MORRIS</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014	
Mailing Address PO BOX 460			Amount of Each Disbursement this Period 181.00	
City HILLSBORO	State ND	Zip Code 58045	Transaction ID : SB17.I864	
Purpose of Disbursement MILEAGE REIMBURSEMENT		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:				

Full Name (Last, First, Middle Initial) <b>B. RYAN NELSON</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014	
Mailing Address 1861 39TH ST S APT 206			Amount of Each Disbursement this Period 270.00	
City FARGO	State ND	Zip Code 58103	Transaction ID : SB17.I846	
Purpose of Disbursement SALARY		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:				

Full Name (Last, First, Middle Initial) <b>C. RYAN NELSON</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2014	
Mailing Address 1861 39TH ST S APT 206			Amount of Each Disbursement this Period 115.00	
City FARGO	State ND	Zip Code 58103	Transaction ID : SB17.I872	
Purpose of Disbursement MILEAGE REIMBURSEMENT		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).....	566.00
<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 25 OF 38			
	<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)  
**Cramer for Congress**

Full Name (Last, First, Middle Initial) <b>A. RACHEL WEGNER</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 01 / 2014</b>
Mailing Address <b>5101 SUNLIGHT DR</b>		Amount of Each Disbursement this Period <b>145.00</b> <b>Transaction ID : SB17.I845</b>
City <b>BISMARCK</b>	State <b>ND</b>	
Zip Code <b>58503</b>	Purpose of Disbursement <b>SALARY</b>	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:		

Full Name (Last, First, Middle Initial) <b>B. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 07 / 2014</b>
Mailing Address <b>200 VESSEY ST</b>		Amount of Each Disbursement this Period <b>36.28</b> <b>Transaction ID : SB17.I861</b>
City <b>MANHATTAN</b>	State <b>NY</b>	
Zip Code <b>10080</b>	Purpose of Disbursement <b>CC PROCESSING</b>	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:		

Full Name (Last, First, Middle Initial) <b>C. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 08 / 2014</b>
Mailing Address <b>200 VESSEY ST</b>		Amount of Each Disbursement this Period <b>2.32</b> <b>Transaction ID : SB17.I862</b>
City <b>MANHATTAN</b>	State <b>NY</b>	
Zip Code <b>10080</b>	Purpose of Disbursement <b>CC PROCESSING</b>	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).....	<b>183.60</b>
<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 26 OF 38	
	<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)  
**Cramer for Congress**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 14 / 2014</b>
Mailing Address <b>200 VESSEY ST</b>		Amount of Each Disbursement this Period <b>1.60</b> <b>Transaction ID : SB17.I863</b>
City <b>MANHATTAN</b>	State <b>NY</b>	
Zip Code <b>10080</b>	Purpose of Disbursement <b>CC PROCESSING</b>	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:	

Full Name (Last, First, Middle Initial) <b>B. BEST BUY</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 08 / 2014</b>
Mailing Address <b>7601 PENN AVE S</b>		Amount of Each Disbursement this Period <b>31.94</b> <b>Transaction ID : SB17.I817</b>
City <b>RICHFIELD</b>	State <b>MN</b>	
Zip Code <b>55423</b>	Purpose of Disbursement <b>OFFICE SUPPLIES</b>	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:	

Full Name (Last, First, Middle Initial) <b>C. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 06 / 2014</b>
Mailing Address <b>7704 LEESBURG PIKE</b>		Amount of Each Disbursement this Period <b>107.50</b> <b>Transaction ID : SB17.I819</b>
City <b>FALLS CHURCH</b>	State <b>VA</b>	
Zip Code <b>22043</b>	Purpose of Disbursement <b>CC PROCESSING</b>	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).....	<b>141.04</b>
<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 27 OF 38			
	<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)  
**Cramer for Congress**

Full Name (Last, First, Middle Initial) <b>A. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 72.74
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement CC PROCESSING	Transaction ID : SB17.I820
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. DELTA</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 1030 DELTA BLVD		Amount of Each Disbursement this Period 750.20
City ATLANTA	State GA	
Zip Code 30354	Purpose of Disbursement AIRFARE	Transaction ID : SB17.I821
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>C. DELTA</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 1030 DELTA BLVD		Amount of Each Disbursement this Period 750.20
City ATLANTA	State GA	
Zip Code 30354	Purpose of Disbursement AIRFARE	Transaction ID : SB17.I822
Candidate Name	Category/Type	
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).....	1573.14
<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 28 OF 38			
	<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)  
**Cramer for Congress**

Full Name (Last, First, Middle Initial) <b>A. ELAVON</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 2 CONCOURSE PKWY		Amount of Each Disbursement this Period 180.91 <b>Transaction ID : SB17.I823</b>
City ATLANTA	State GA Zip Code 30328	
Purpose of Disbursement CC PROCESSING	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FLS CONNECTS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 7300 HUDSON BLVD, SUITE 270		Amount of Each Disbursement this Period 477.65 <b>Transaction ID : SB17.I865</b>
City SAINT PAUL	State MN Zip Code 55128	
Purpose of Disbursement VOTER TELEPHONE CONTACT	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. HOLIDAY INN</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address P.O. BOX 30321		Amount of Each Disbursement this Period 188.13 <b>Transaction ID : SB17.I827</b>
City SALT LAKE CITY	State UT Zip Code 84130	
Purpose of Disbursement ACCOMMODATIONS	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	846.69
<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 29 OF 38		
	<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)  
**Cramer for Congress**

Full Name (Last, First, Middle Initial) <b>A. HOLIDAY INN</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address P.O. BOX 30321		Amount of Each Disbursement this Period 314.34 <b>Transaction ID : SB17.I828</b>
City SALT LAKE CITY	State UT	
Zip Code 84130	Purpose of Disbursement LODGING	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:	

Full Name (Last, First, Middle Initial) <b>B. HOLIDAY INN</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address P.O. BOX 30321		Amount of Each Disbursement this Period 115.27 <b>Transaction ID : SB17.I829</b>
City SALT LAKE CITY	State UT	
Zip Code 84130	Purpose of Disbursement LODGING	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:	

Full Name (Last, First, Middle Initial) <b>C. INTUIT</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 2632 MARINE WAY		Amount of Each Disbursement this Period 39.95 <b>Transaction ID : SB17.I830</b>
City MOUNTAIN VIEW	State CA	
Zip Code 94043	Purpose of Disbursement ACCOUNTING SOFTWARE	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).....	314.34
<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 30 OF 38		
	<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)  
**Cramer for Congress**

Full Name (Last, First, Middle Initial) <b>A. LAVENTURE LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 2632 E DIVIDE AVE		Amount of Each Disbursement this Period 6909.12 <b>Transaction ID : SB17.I835</b>
City BISMARCK State ND Zip Code 58501	Purpose of Disbursement COMMUNICATIONS CONSULTING	
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. MERCH BANKCARD</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 400 S DIXIE HWY, SUITE 411		Amount of Each Disbursement this Period 33.90 <b>Transaction ID : SB17.I836</b>
City BOCA RATON State FL Zip Code 33432	Purpose of Disbursement CC PROCESSING	
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>C. ODNEY</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address P.O. BOX 20351400 WEST CENTURY AV		Amount of Each Disbursement this Period 44516.07 <b>Transaction ID : SB17.I838</b>
City BISMARCK State ND Zip Code 58503	Purpose of Disbursement ADVERTISING - RADIO	
Candidate Name	Category/Type	
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).....	51459.09
<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 31 OF 38		
	<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)  
**Cramer for Congress**

Full Name (Last, First, Middle Initial) <b>A. ODNEY</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address P.O. BOX 20351400 WEST CENTURY AV		Amount of Each Disbursement this Period 88505.70
City BISMARK	State ND	
Zip Code 58503	Purpose of Disbursement ADVERTISING - TV	<b>Transaction ID : SB17.I839</b>
Candidate Name	Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. ODNEY</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address P.O. BOX 20351400 WEST CENTURY AV		Amount of Each Disbursement this Period 92895.50
City BISMARK	State ND	
Zip Code 58503	Purpose of Disbursement ADVERTISING - TV	<b>Transaction ID : SB17.I840</b>
Candidate Name	Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>C. ODNEY</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address P.O. BOX 20351400 WEST CENTURY AV		Amount of Each Disbursement this Period 23364.82
City BISMARK	State ND	
Zip Code 58503	Purpose of Disbursement ADVERTISING - RADIO	<b>Transaction ID : SB17.I841</b>
Candidate Name	Category/ Type	
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).....	204766.02
<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 32 OF 38			
	<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)  
**Cramer for Congress**

Full Name (Last, First, Middle Initial) <b>A. SHELL</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 08 / 2014</b>	
Mailing Address <b>910 LOUISIANA ST</b>			Amount of Each Disbursement this Period <b>82.70</b>	
City <b>HOUSTON</b>	State <b>TX</b>	Zip Code <b>77002</b>	Transaction ID : <b>SB17.I847</b>	
Purpose of Disbursement <b>GAS</b>		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: _____			

Full Name (Last, First, Middle Initial) <b>B. SHELL</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 14 / 2014</b>	
Mailing Address <b>910 LOUISIANA ST</b>			Amount of Each Disbursement this Period <b>74.50</b>	
City <b>HOUSTON</b>	State <b>TX</b>	Zip Code <b>77002</b>	Transaction ID : <b>SB17.I848</b>	
Purpose of Disbursement <b>GAS</b>		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: _____			

Full Name (Last, First, Middle Initial) <b>C. SUREPAYROLL</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 01 / 2014</b>	
Mailing Address <b>2350 RAVINE WAY STE 100</b>			Amount of Each Disbursement this Period <b>252.73</b>	
City <b>GLENVIEW</b>	State <b>IL</b>	Zip Code <b>60025</b>	Transaction ID : <b>SB17.I850</b>	
Purpose of Disbursement <b>EMPLOYER TAXES</b>		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).....	<b>409.93</b>
<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 33 OF 38		
	<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)  
**Cramer for Congress**

Full Name (Last, First, Middle Initial) <b>A. SUREPAYROLL</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 2350 RAVINE WAY STE 100		Amount of Each Disbursement this Period 44.31
City GLENVIEW State IL Zip Code 60025	Purpose of Disbursement PAYROLL PROCESSING	
Candidate Name	Category/Type	Transaction ID : SB17.I851
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:		

Full Name (Last, First, Middle Initial) <b>B. UNISOURCE DIRECT</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address P.O. BOX 82		Amount of Each Disbursement this Period 8368.07
City WATERTOWN State WI Zip Code 53094	Purpose of Disbursement DIRECT MAIL CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.I852
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:		

Full Name (Last, First, Middle Initial) <b>C. UNITED PRINTING</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 117 W FRONT AVE		Amount of Each Disbursement this Period 253.30
City BISMARCK State ND Zip Code 58504	Purpose of Disbursement POSTAGE	
Candidate Name	Category/Type	Transaction ID : SB17.I853
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).....	8665.68
<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 34 OF 38			
	<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)  
**Cramer for Congress**

Full Name (Last, First, Middle Initial) <b>A. UNITED PRINTING</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 15 / 2014</b>
Mailing Address <b>117 W FRONT AVE</b>		Amount of Each Disbursement this Period <b>1646.95</b> <b>Transaction ID : SB17.I866</b>
City <b>BISMARCK</b>	State <b>ND</b>	
Zip Code <b>58504</b>	Purpose of Disbursement <b>PRINTING &amp; POSTAGE</b>	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:	

Full Name (Last, First, Middle Initial) <b>B. US BANK</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 15 / 2014</b>
Mailing Address <b>200 NORTH 3RD STREET, #200</b>		Amount of Each Disbursement this Period <b>143.50</b> <b>Transaction ID : SB17.I854</b>
City <b>BISMARCK</b>	State <b>ND</b>	
Zip Code <b>58501</b>	Purpose of Disbursement <b>BANK MAINTENANCE FEE</b>	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:	

Full Name (Last, First, Middle Initial) <b>C. WILSON-GRAND COMMUNICATIONS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 01 / 2014</b>
Mailing Address <b>429 NORTH ST. ASAPH ST</b>		Amount of Each Disbursement this Period <b>16500.00</b> <b>Transaction ID : SB17.I856</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	
Zip Code <b>22314</b>	Purpose of Disbursement <b>ADVERTISING - TV</b>	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).....	<b>18290.45</b>
<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 35 OF 38			
	<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)  
**Cramer for Congress**

Full Name (Last, First, Middle Initial) <b>A. WILSON-GRAND COMMUNICATIONS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 01 / 2014</b>
Mailing Address <b>429 NORTH ST. ASAPH ST</b>		Amount of Each Disbursement this Period <b>4000.00</b> <b>Transaction ID : SB17.I857</b>
City <b>ALEXANDRIA</b> State <b>VA</b> Zip Code <b>22314</b>	Purpose of Disbursement <b>ADVERTISING - TV</b>	
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. WILSON-GRAND COMMUNICATIONS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 02 / 2014</b>
Mailing Address <b>429 NORTH ST. ASAPH ST</b>		Amount of Each Disbursement this Period <b>5342.04</b> <b>Transaction ID : SB17.I858</b>
City <b>ALEXANDRIA</b> State <b>VA</b> Zip Code <b>22314</b>	Purpose of Disbursement <b>ADVERTISING - RADIO</b>	
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>C. WILSON-GRAND COMMUNICATIONS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 09 / 2014</b>
Mailing Address <b>429 NORTH ST. ASAPH ST</b>		Amount of Each Disbursement this Period <b>10621.00</b> <b>Transaction ID : SB17.I859</b>
City <b>ALEXANDRIA</b> State <b>VA</b> Zip Code <b>22314</b>	Purpose of Disbursement <b>ADVERTISING - TV</b>	
Candidate Name	Category/Type	
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).....	<b>19963.04</b>
<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 36 OF 38		
	<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)  
**Cramer for Congress**

Full Name (Last, First, Middle Initial) <b>A. WILSON-GRAND COMMUNICATIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 429 NORTH ST. ASAPH ST		Amount of Each Disbursement this Period 11148.00
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement ADVERTISING - TV	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I860</b>
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:		

Full Name (Last, First, Middle Initial) <b>B. WILSON-GRAND COMMUNICATIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 429 NORTH ST. ASAPH ST		Amount of Each Disbursement this Period 2804.00
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement COMMISSION	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I871</b>
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:		

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	Category/Type	
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).....	13952.00
<b>TOTAL</b> This Period (last page this line number only).....	323891.02

**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 37 OF 38			
	<input type="checkbox"/> 17 <input checked="" 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				

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)  
**Cramer for Congress**

Full Name (Last, First, Middle Initial) <b>A. DON CARDON</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 14 / 2014</b>
Mailing Address 2701 E CAMELBACK RD SUITE 180		Amount of Each Disbursement this Period <b>4800.00</b>
City PHOENIX	State AZ	
Zip Code 85016	Purpose of Disbursement REFUND OF CONTRIBUTION	<b>Transaction ID : SB20A.I869</b>
Candidate Name	Category/Type	
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:		

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	Category/Type	
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:		

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	Category/Type	
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).....	<b>4800.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>4800.00</b>

**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 38 OF 38			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" 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)  
**Cramer for Congress**

Full Name (Last, First, Middle Initial) <b>A. NORTH DAKOTA REPUBLICAN PARTY</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 14 / 2014</b>
Mailing Address P.O. BOX 1917			Amount of Each Disbursement this Period <b>5000.00</b>
City <b>BISMARCK</b>	State <b>ND</b>	Zip Code <b>58502</b>	
Purpose of Disbursement <b>OFFICE RENT</b>		Category/ Type	<b>Transaction ID : SB21.I837</b>
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: _____			

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		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: _____			

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) .....	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>5000.00</b>