

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

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

North Dakota Medical Association Political Action Committee

ADDRESS (number and street) PO Box 1198 Bismarck ND 58502-1198

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00003061

3. IS THIS REPORT X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. Election on 11/04/2008 in the State of ND. (d) 30-Day POST-Election Report for the: General, Runoff, Special. Election on in the State of

5. Covering Period 10/01/2008 through 10/15/2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Thomas Strinden

Signature of Treasurer [Signature] Date 10/16/2008

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

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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

*North Dakota Medical Association Political Action Committee*

Report Covering the Period:

From:

10 01 2008

To:

10 15 2008

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2008	2008	365187
(b) Cash on Hand at Beginning of Reporting Period.....	834367	
(c) Total Receipts (from Line 19) .....	300.00	997680
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	864367	1362867
7. Total Disbursements (from Line 31) .....	820000	1318500
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	44367	44367
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	000	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	000	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

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**DETAILED SUMMARY PAGE  
of Receipts**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

*North Dakota Medical Association Political Action Committee*

Report Covering the Period: From: *10 01 2008* To: *10 15 2008*

**I. Receipts**

**COLUMN A  
Total This Period**

**COLUMN B  
Calendar Year-to-Date**

11. Contributions (other than loans) From:

- (a) Individuals/Persons Other Than Political Committees
  - (i) Itemized (use Schedule A).....
  - (ii) Unitemized.....
  - (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

*0.00*  
*30000*  
*30000*

*300.00*  
*9,600.00*  
*99,000.00*

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

*30000*

*990000*

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H3).....
- (b) Levin Funds (from Schedule H5).....
- (c) Total Transfers (add 18(a) and 18(b))..

*0.00*

*76.80*

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

*300.00*

*997680*

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

*30000*

*997680*

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**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....		
(ii) Non-Federal Share .....		
(b) Other Federal Operating Expenditures .....	0.00	35.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	35.00
22. Transfers to Affiliated/Other Party Committees .....	0.00	4,300.00
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	1,900.00	2,550.00
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....		
26. Loan Repayments Made .....		
27. Loans Made .....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		
29. Other Disbursements .....	6,300.00	6,300.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share .....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	8,200.00	13,185.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	8,200.00	13,185.00

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

**III. Net Contributions/Operating Expenditures**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	300.00	99,000.00
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	300.00	99,000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	35.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	35.00

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 2

21b  22  23  24  25  26  
 27  28a  28b  28c  29  30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

North Dakota Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Hoever, John Date of Disbursement 10 06 2008

Mailing Address PO Box 952

City Bismarck State ND Zip Code 58502

Purpose of Disbursement ND Governor Campaign Amount of Each Disbursement this Period 1,000.00

Candidate Name John Hoever Category/Type 011

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify)

State: ND District: Governor

**B.** Mather, Tim Date of Disbursement 10 06 2008

Mailing Address 429 16th Ave S

City Fargo State ND Zip Code 58103

Purpose of Disbursement ND Governor Campaign Amount of Each Disbursement this Period 300.00

Candidate Name Tim Mather Category/Type 011

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify)

State: ND District:

**C.** Hamm, Adam Date of Disbursement 10 06 2008

Mailing Address PO Box 3043

City Bismarck State ND Zip Code 58502

Purpose of Disbursement ND Insurance Commissioner Race Amount of Each Disbursement this Period 300.00

Candidate Name Adam Hamm Category/Type 011

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify)

State: ND District:

SUBTOTAL of Disbursements This Page (optional).....▶

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

1,600.00

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE <b>2</b> OF <b>2</b>					
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)  
**North Dakota Medical Association Political Action Committee**

**A.**

Full Name (Last, First, Middle Initial) **Schneider, Jasper**

Mailing Address **115 Roberts Street**

City **Fargo ND** State **ND** Zip Code **58102**

Purpose of Disbursement **ND Insurance Commissioner Race**

Candidate Name **Jasper Schneider**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) **ND**

State: **ND** District:

Date of Disbursement **10/06/2008**

Amount of Each Disbursement this Period **30,000**

Category/Type **011**

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) **ND**

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) **ND**

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... **30000**

**TOTAL** This Period (last page this line number only)..... **190000**

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**Federal Election Commission**  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *Fed Exp* Shipping Date  
*10/16/08*  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*Jms*  
 PREPARER

*10/20/08*  
 DATE PREPARED

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