



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**BRIGHTER FUTURE FUND**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="45775.90"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="50000.00"/>	<input type="text" value="132860.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="95775.90"/>	<input type="text" value="132860.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="83285.06"/>	<input type="text" value="120369.16"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="12490.84"/>	<input type="text" value="12490.84"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**BRIGHTER FUTURE FUND**

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

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).....	0.00	77500.00
(ii) Unitemized .....	0.00	300.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	77800.00
(b) Political Party Committees .....	50000.00	50000.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	50000.00	132800.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	60.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	50000.00	132860.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	50000.00	132860.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	53684.84	86268.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	53684.84	86268.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	29600.22	29600.22
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	4500.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	4500.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	83285.06	120369.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	83285.06	120369.16

**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) .....	50000.00	132800.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	4500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	50000.00	128300.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	53684.84	86268.94
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	60.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	53684.84	86208.94

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 18  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

NAME OF COMMITTEE (In Full)  
**BRIGHTER FUTURE FUND**

Full Name (Last, First, Middle Initial)  
**A. NORTH DAKOTA REPUBLICAN PARTY**

Mailing Address 1029 N 5TH STREET

City BISMARCK State ND Zip Code 58501

FEC ID number of contributing federal political committee. **C** C00018929

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2012

**Transaction ID : SA11B.4217**

Amount of Each Receipt this Period  
50000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	50000.00

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**BRIGHTER FUTURE FUND**

Full Name (Last, First, Middle Initial)

**A. Gober Hilgers PLLC**

Mailing Address 2101 Cedar Springs  
Suite 1050

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
Legal Services

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4221**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Gober Hilgers PLLC**

Mailing Address 2101 Cedar Springs  
Suite 1050

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
Legal Services

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4261**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Odney**

Mailing Address PO Box 2035  
1400 West Century Avenue

City Bismarck State ND Zip Code 58502

Purpose of Disbursement  
Website

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4237**

Amount of Each Disbursement this Period

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

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

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**BRIGHTER FUTURE FUND**

Full Name (Last, First, Middle Initial)

**A. Odney**

Mailing Address PO Box 2035  
1400 West Century Avenue

City Bismarck State ND Zip Code 58502

Purpose of Disbursement  
Web Hosting

**004**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 19 / 2012

**Transaction ID : SB21B.4238**

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

**B. Odney**

Mailing Address PO Box 2035  
1400 West Century Avenue

City Bismarck State ND Zip Code 58502

Purpose of Disbursement  
Travel Expenses

**002**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 19 / 2012

**Transaction ID : SB21B.4239**

Amount of Each Disbursement this Period

60.32

Full Name (Last, First, Middle Initial)

**C. Odney**

Mailing Address PO Box 2035  
1400 West Century Avenue

City Bismarck State ND Zip Code 58502

Purpose of Disbursement  
Monthly Retainer

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 19 / 2012

**Transaction ID : SB21B.4240**

Amount of Each Disbursement this Period

6250.00

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

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

6370.32



**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**BRIGHTER FUTURE FUND**

Full Name (Last, First, Middle Initial)

**A. Odney**

Mailing Address PO Box 2035  
1400 West Century Avenue

City Bismarck State ND Zip Code 58502

Purpose of Disbursement  
Web Hosting

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.4243**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Odney**

Mailing Address PO Box 2035  
1400 West Century Avenue

City Bismarck State ND Zip Code 58502

Purpose of Disbursement  
Fundraising Letter

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.4244**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Odney**

Mailing Address PO Box 2035  
1400 West Century Avenue

City Bismarck State ND Zip Code 58502

Purpose of Disbursement  
Monthly Retainer

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.4245**

Amount of Each Disbursement this Period

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

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

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**BRIGHTER FUTURE FUND**

Full Name (Last, First, Middle Initial)

**A. Odney**

Mailing Address PO Box 2035  
1400 West Century Avenue

City Bismarck State ND Zip Code 58502

Purpose of Disbursement  
Postage

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4246**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Odney**

Mailing Address PO Box 2035  
1400 West Century Avenue

City Bismarck State ND Zip Code 58502

Purpose of Disbursement  
Web Hosting

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4289**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Odney**

Mailing Address PO Box 2035  
1400 West Century Avenue

City Bismarck State ND Zip Code 58502

Purpose of Disbursement  
Research

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4291**

Amount of Each Disbursement this Period

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

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

# 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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**BRIGHTER FUTURE FUND**

Full Name (Last, First, Middle Initial)

### A. Odney

Mailing Address PO Box 2035  
1400 West Century Avenue

City Bismarck State ND Zip Code 58502

Purpose of Disbursement  
Print Project Services

004

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2012			

Transaction ID : SB21B.4292

Amount of Each Disbursement this Period

4051.95
---------

Full Name (Last, First, Middle Initial)

### B. Odney

Mailing Address PO Box 2035  
1400 West Century Avenue

City Bismarck State ND Zip Code 58502

Purpose of Disbursement  
Retainer

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2012			

Transaction ID : SB21B.4293

Amount of Each Disbursement this Period

12500.00
----------

Full Name (Last, First, Middle Initial)

### C. Odney

Mailing Address PO Box 2035  
1400 West Century Avenue

City Bismarck State ND Zip Code 58502

Purpose of Disbursement  
Creative Services

004

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2012			

Transaction ID : SB21B.4294

Amount of Each Disbursement this Period

341.25
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

16893.20
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**TOTAL** This Period (last page this line number only)..... ▶

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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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**BRIGHTER FUTURE FUND**

Full Name (Last, First, Middle Initial)

**A. Odney**

Mailing Address PO Box 2035  
1400 West Century Avenue

City Bismarck State ND Zip Code 58502

Purpose of Disbursement  
Production Services

004

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 19 / 2012

Transaction ID : SB21B.4295

Amount of Each Disbursement this Period

1071.55

Full Name (Last, First, Middle Initial)

**B. Odney**

Mailing Address PO Box 2035  
1400 West Century Avenue

City Bismarck State ND Zip Code 58502

Purpose of Disbursement  
Travel Expenses

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 19 / 2012

Transaction ID : SB21B.4296

Amount of Each Disbursement this Period

2226.01

Full Name (Last, First, Middle Initial)

**C. Odney**

Mailing Address PO Box 2035  
1400 West Century Avenue

City Bismarck State ND Zip Code 58502

Purpose of Disbursement  
Meals/Snacks

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 19 / 2012

Transaction ID : SB21B.4297

Amount of Each Disbursement this Period

220.93

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

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

3518.49

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**BRIGHTER FUTURE FUND**

Full Name (Last, First, Middle Initial)

**A. Odney**

Mailing Address PO Box 2035  
1400 West Century Avenue

City Bismarck State ND Zip Code 58502

Purpose of Disbursement  
Postage

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4298**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 14 OF 18
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**BRIGHTER FUTURE FUND**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Gober Hilgers PLLC</b>		Nature of Debt (Purpose): Legal Services
Mailing Address 2101 Cedar Springs Suite 1050		
City Dallas	State TX	Zip Code 75201

Outstanding Balance Beginning This Period	Transaction ID : SD10.4200	
<input type="text" value="1643.95"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="1643.95"/>	<input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Odney</b>		Nature of Debt (Purpose): Website
Mailing Address PO Box 2035 1400 West Century Avenue		
City Bismarck	State ND	Zip Code 58502

Outstanding Balance Beginning This Period	Transaction ID : SD10.4131	
<input type="text" value="210.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="210.00"/>	<input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Odney</b>		Nature of Debt (Purpose): Web Hosting
Mailing Address PO Box 2035 1400 West Century Avenue		
City Bismarck	State ND	Zip Code 58502

Outstanding Balance Beginning This Period	Transaction ID : SD10.4132	
<input type="text" value="60.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="60.00"/>	<input type="text" value="0.00"/>

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 15 OF 18
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**BRIGHTER FUTURE FUND**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Odney</b>	Nature of Debt (Purpose): Travel Expenses
Mailing Address PO Box 2035 1400 West Century Avenue	
City State Zip Code Bismarck ND 58502	

Outstanding Balance Beginning This Period <input type="text" value="60.32"/>	<b>Transaction ID : SD10.4133</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="60.32"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Odney</b>	Nature of Debt (Purpose): Monthly Retainer
Mailing Address PO Box 2035 1400 West Century Avenue	
City State Zip Code Bismarck ND 58502	

Outstanding Balance Beginning This Period <input type="text" value="6250.00"/>	<b>Transaction ID : SD10.4134</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="6250.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Odney</b>	Nature of Debt (Purpose): Web Hosting
Mailing Address PO Box 2035 1400 West Century Avenue	
City State Zip Code Bismarck ND 58502	

Outstanding Balance Beginning This Period <input type="text" value="60.00"/>	<b>Transaction ID : SD10.4154</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="60.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 16 OF 18
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**BRIGHTER FUTURE FUND**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Odney</b>	Nature of Debt (Purpose): Fundraising Letter
Mailing Address PO Box 2035 1400 West Century Avenue	
City State Zip Code Bismarck ND 58502	

Outstanding Balance Beginning This Period <input type="text" value="1010.25"/>	<b>Transaction ID : SD10.4155</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1010.25"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Odney</b>	Nature of Debt (Purpose): Monthly Retainer
Mailing Address PO Box 2035 1400 West Century Avenue	
City State Zip Code Bismarck ND 58502	

Outstanding Balance Beginning This Period <input type="text" value="6250.00"/>	<b>Transaction ID : SD10.4156</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="6250.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Odney</b>	Nature of Debt (Purpose): Postage
Mailing Address PO Box 2035 1400 West Century Avenue	
City State Zip Code Bismarck ND 58502	

Outstanding Balance Beginning This Period <input type="text" value="0.90"/>	<b>Transaction ID : SD10.4178</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.90"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>BRIGHTER FUTURE FUND</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00520684
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Odney</b>		Date MM / DD / YYYY <b>10 / 22 / 2012</b>
Mailing Address PO Box 2035 1400 West Century Avenue		Amount <b>500.00</b>
City Bismarck	State ND	
Zip Code 58502	<b>Transaction ID : SE.4207</b>	
Purpose of Expenditure Radio Media Production - 'Get Out The Vote'	Category/ Type <b>004</b>	Office Sought: <input type="checkbox"/> House    State: <u>ND</u> <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD A A. BERG		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>500.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Odney</b>		Date MM / DD / YYYY <b>10 / 22 / 2012</b>
Mailing Address PO Box 2035 1400 West Century Avenue		Amount <b>500.00</b>
City Bismarck	State ND	
Zip Code 58502	<b>Transaction ID : SE.4209</b>	
Purpose of Expenditure Radio Media Production - 'Get Out the Vote'	Category/ Type <b>004</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <u>ND</u> <input type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEVIN CRAMER		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>500.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>1000.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Pat Finken*  
Signature

[Electronically Filed]      Date **12 / 06 / 2012**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>BRIGHTER FUTURE FUND</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00520684
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Odney</b>		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 22 / 2012
Mailing Address PO Box 2035 1400 West Century Avenue		Amount <span style="border: 1px solid black; padding: 2px;">14300.11</span>
City Bismarck	State ND	
Zip Code 58502	<b>Transaction ID : SE.4211</b>	
Purpose of Expenditure Radio Media Buy - 'Get Out the Vote'	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Office Sought: <input checked="" type="checkbox"/> House State: ND <input type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEVIN CRAMER		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">14800.11</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Odney</b>		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 22 / 2012
Mailing Address PO Box 2035 1400 West Century Avenue		Amount <span style="border: 1px solid black; padding: 2px;">14300.11</span>
City Bismarck	State ND	
Zip Code 58502	<b>Transaction ID : SE.4212</b>	
Purpose of Expenditure Radio Media Buy - 'Get Out The Vote'	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Office Sought: <input type="checkbox"/> House State: ND <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD A A. BERG		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">14800.11</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">28600.22</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">29600.22</span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Pat Finken*

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
12 / 06 / 2012