

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) PO Box 396 Bismarck ND 58502 CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C C00504704 3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE DISTRICT ND 01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of

(c) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 07 / 01 / 2017 through M M / D D / Y Y Y Y 09 / 30 / 2017

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 Marston, Christopher, M.,

Signature of Treasurer Marston, Christopher, M., [Electronically Filed] Date M M / D D / Y Y Y Y 10 / 15 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Table with 7 columns and 1 row for Office Use Only.

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

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))....	103325.00	675504.51
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	103325.00	675504.51
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	60834.46	263416.49
(b) Total Offsets to Operating Expenditures (from Line 14).....	496.36	2101.66
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	60338.10	261314.83
8. Cash on Hand at Close of Reporting Period (from Line 27).....	824008.48	
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 05/2016)

Write or Type Committee Name

**Cramer for Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	22350.00	185870.00
(ii) Unitemized.....	975.00	12634.51
(iii) TOTAL of contributions from individuals ▶	23325.00	198504.51
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	80000.00	477000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	103325.00	675504.51
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	496.36	2101.66
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	103821.36	677606.17

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 52

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	60834.46	263416.49
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 .....	0.00	0.00
(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)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	3000.00	29500.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	63834.46	292916.49

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	784021.58
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	103821.36
25. SUBTOTAL (add Line 23 and Line 24).....	887842.94
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	63834.46
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	824008.48

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

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

FOR LINE NUMBER: PAGE 5 OF 52  
(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)  
**BHAT, S. G. , , ,**

Mailing Address 7-12 POINT CRESCENT

City MALBA State NY Zip Code 11357-1043

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

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

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 26 2017

Transaction ID : SA11A.9959

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CARLSON HELGESON, DORI, M., ,**

Mailing Address P.O. BOX O  
UKCC120201

City PARK RIVER State ND Zip Code 58270-0714

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

Name of Employer Occupation  
SELF EMPLOYED OPTOMETRIST

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 15 2017

Transaction ID : SA11A.9931

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

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

Mailing Address 507 CAPITOL CT, NE, STE 200

City WASHINGTON State DC Zip Code 20002-7705

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

Name of Employer Occupation  
HEALTH & MEDICINE COUNSEL OF WASHIN VICE PRESIDENT

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 28 2017

Transaction ID : SA11A.9973

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

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

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

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

FOR LINE NUMBER: PAGE 6 OF 52  
(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)  
**CUNNIFFE, AMY JENSEN, , ,**  
 Mailing Address 6950 DUNCRAIG CT  
 City MCLEAN State VA Zip Code 22101-1568  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WASHINGTON COUNCIL EARNST & YOUNG Occupation LOBBYIST  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2017  
**Transaction ID : SA11A.9974**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**DEKREY, WARREN, , ,**  
 Mailing Address 1000 W CENTURY AVE APT 274  
 City BISMARCK State ND Zip Code 58503-0928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 07 / 2017  
**Transaction ID : SA11A.9941**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**DELPIZZO, ALEX, , ,**  
 Mailing Address 9703 LAYMINSTER LN  
 City VIENNA State VA Zip Code 22182-4405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer THORN RUN PARTNERS Occupation PARTNER  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2017  
**Transaction ID : SA11A.9976**  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 7 OF 52  
(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)  
**KUHN, DANA, , ,**

Mailing Address 6005 COUNTRY WALK RD

City MIDLOTHIAN State VA Zip Code 23112-2249

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

Name of Employer PSI Occupation CEO/PRESIDENT

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 19 / 2017

Transaction ID : SA11A.9945

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

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

Mailing Address 712 13TH AVE W

City WILLISTON State ND Zip Code 58801-4617

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation RETIRED MILITARY & OILFIELD

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 17 / 2017

Transaction ID : SA11A.9916

Amount of Each Receipt this Period  
250.00

Memo Item CONTRIBUTION

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

Mailing Address 3351 175TH AVE NW

City BALDWIN State ND Zip Code 58521-9733

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

Name of Employer PAHLKE STEELE, INC. Occupation GENERAL MANAGER

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 25 / 2017

Transaction ID : SA11A.9917

Amount of Each Receipt this Period  
1500.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2250.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 52  
(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)  
**ROMANO, JAMES, , ,**  
 Mailing Address 5805 TELLURIDE LANE  
 City SPOTSYLVANIA State VA Zip Code 22553-4476  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PATIENT SERVICES INC Occupation DIRECTOR OF GR  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2017  
**Transaction ID : SA11A.9947**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**SHEA, JAMES, , MSGR.,**  
 Mailing Address 8301 BLUFFVIEW DRIVE  
 UKCC120201  
 City BISMARCK State ND Zip Code 58504-9626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNIVERSITY OF MARY Occupation PRESIDENT  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 17 / 2017  
**Transaction ID : SA11A.9907**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**STENEHJEM, STEPHEN, L., ,**  
 Mailing Address P.O. BOX 1162  
 City WATFORD CITY State ND Zip Code 58854-1162  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FIRST INT'L BANK & TRUST Occupation BANKER  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 17 / 2017  
**Transaction ID : SA11A.9910**  
 Amount of Each Receipt this Period  
 2700.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 3950.00  
**TOTAL** This Period (last page this line number only) ..... ▶



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

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

FOR LINE NUMBER: PAGE 9 OF 52  
(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)  
**THARALDSON, GARY, , ,**

Mailing Address 1201 PAGE DRIVE, SUITE 200  
UKKC120206

City FARGO State ND Zip Code 58103-2355

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

Name of Employer THARALDSON HOSPITALITY MANAGEMENT Occupation EXECUTIVE

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2017

**Transaction ID : SA11A.9946**

Amount of Each Receipt this Period  
5400.00

Memo Item  
CONTRIBUTION  
REATTRIBUTION / REDESIGNATION REQUESTED

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

Mailing Address 5851 LEGACY CIRCLE

City PLANO State TX Zip Code 75024-5966

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

Name of Employer U.S. RENAL CARE, INC. Occupation LAWYER

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2017

**Transaction ID : SA11A.9977**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

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

Mailing Address 205 13TH ST

City CANDO State ND Zip Code 58324-6613

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

Name of Employer SELF Occupation FARMER

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 22 / 2017

**Transaction ID : SA11A.9935**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6400.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 52  
(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)  
**WHATLEY, MICHAEL, , ,**

Mailing Address 1812 KENDRICK RD

City GASTONIA State NC Zip Code 28056-6656

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

Name of Employer HBW RESOURCES Occupation CONSULTANT

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 28 / 2017

Transaction ID : SA11A.9967

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

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

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: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 26 / 2017

Transaction ID : SA11A.9948

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 933 26TH STREET NW  
UKCC120201

City MINOT State ND Zip Code 58703-1740

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

Name of Employer TRINITY HEALTH Occupation M.D.

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 07 / 2017

Transaction ID : SA11A.9942

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2250.00

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

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

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

FOR LINE NUMBER: PAGE 11 OF 52  
(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)  
**YOHE, LANCE, , ,**

Mailing Address 331 8TH AVE S

City FARGO State ND Zip Code 58103-2825

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

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

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 22 2017

Transaction ID : SA11A.9939

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**KOOTENAI TRIBE OF IDAHO**

Mailing Address 1000 SW BROADWAY, STE 1060

City PORTLAND State OR Zip Code 97205-3087

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

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 22 2017

Transaction ID : SA11A.9938

Amount of Each Receipt this Period  
2500.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**THE PAUL LAXALT GROUP**

Mailing Address 750 9TH ST, NW #750

City WASHINGTON State DC Zip Code 20001-4589

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

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 26 2017

Transaction ID : SA11A.9961

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION  
ATTRIBUTION TO PARTNERS REQUESTED

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	22350.00

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

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

FOR LINE NUMBER: PAGE 12 OF 52  
(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)  
**AMAZON PAC**

Mailing Address 601 NEW JERSEY AVE NW STE 900

City WASHINGTON State DC Zip Code 20001-2027

FEC ID number of contributing federal political committee. **C** C00360354

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2017

**Transaction ID : SA11C.9958**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN ASSOCIATION OF NURSE ANESTHETISTS CRNA PAC**

Mailing Address 25 MASSACHUSETTS AVE NW SUITE 550

City WASHINGTON State DC Zip Code 20001-1408

FEC ID number of contributing federal political committee. **C** C00173153

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 17 / 2017

**Transaction ID : SA11C.9913**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN ACADEMY OF NEUROLOGY BRAINPAC**

Mailing Address 201 CHICAGO AVE

City MINNEAPOLIS State MN Zip Code 55415-1126

FEC ID number of contributing federal political committee. **C** C00435933

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2017

**Transaction ID : SA11C.9954**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 2500.00

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

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

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

FOR LINE NUMBER: PAGE 13 OF 52  
(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)  
**AMERICAN BANKERS ASSOCIATION**

Mailing Address 1120 CONNECTICUT AVENUE NW

City: WASHINGTON State: DC Zip Code: 20036-3902

FEC ID number of contributing federal political committee: **C** C00004275

Name of Employer: Occupation:

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2017

**Transaction ID : SA11C.9980**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 1120 CONNECTICUT AVENUE NW

City: WASHINGTON State: DC Zip Code: 20036-3902

FEC ID number of contributing federal political committee: **C** C00004275

Name of Employer: Occupation:

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2017

**Transaction ID : SA11C.9981**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN PUBLIC POWER ASSOCIATION PUBLIC OWNERSHIP OF ELECTRIC RESOURCES PAC**

Mailing Address 2451 CRYSTAL DR, STE 1000

City: ARLINGTON State: VA Zip Code: 22202-4804

FEC ID number of contributing federal political committee: **C** C00161570

Name of Employer: Occupation:

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2017

**Transaction ID : SA11C.9955**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3500.00

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

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

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

FOR LINE NUMBER: PAGE 14 OF 52  
(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)  
**AMERICAN RENAL ASSOCIATION HOLDINGS INC PAC**

Mailing Address 500 CUMMINGS CENTER STE 6550

City BEVERLY State MA Zip Code 01915-6539

FEC ID number of contributing federal political committee. **C** C00623819

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2017

**Transaction ID : SA11C.9960**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
**CONTRIBUTION**

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

Mailing Address 12125 WOODCREST EXECUTIVE DRIVE, S

City ST. LOUIS State MO Zip Code 63141-5009

FEC ID number of contributing federal political committee. **C** C00408468

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2017

**Transaction ID : SA11C.9952**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
**CONTRIBUTION**

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

Mailing Address 1012 CAMERON ST

City ALEXANDRIA State VA Zip Code 22314-2427

FEC ID number of contributing federal political committee. **C** C00424788

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2017

**Transaction ID : SA11C.9928**

Amount of Each Receipt this Period  
 1500.00

Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 3500.00

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

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

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

FOR LINE NUMBER: PAGE 15 OF 52  
(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)  
**ASSOCIATED BUILDERS AND CONTRACTORS PAC**  
 Mailing Address 440 FIRST STREET, NW, 2ND FLOOR

City: WASHINGTON State: DC Zip Code: 20001-2028

FEC ID number of contributing federal political committee: **C** C00010421

Name of Employer: Occupation:

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 3500.00

Date of Receipt: 09 / 28 / 2017  
**Transaction ID : SA11C.9975**

Amount of Each Receipt this Period: 2500.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CATERPILLAR EMPLOYEES PAC**  
 Mailing Address 100 NE ADAMS ST

City: PEORIA State: IL Zip Code: 61629-0001

FEC ID number of contributing federal political committee: **C** C00148031

Name of Employer: Occupation:

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 2000.00

Date of Receipt: 09 / 30 / 2017  
**Transaction ID : SA11C.9982**

Amount of Each Receipt this Period: 2000.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CENTRUS ENERGY CORP PAC**  
 Mailing Address 6901 ROCKLEDGE DRIVE, SUITE 800

City: BETHESDA State: MD Zip Code: 20817-1867

FEC ID number of contributing federal political committee: **C** C00355719

Name of Employer: Occupation:

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 5000.00

Date of Receipt: 08 / 03 / 2017  
**Transaction ID : SA11C.9930**

Amount of Each Receipt this Period: 1000.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 5500.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 52  
(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)  
**CENTRUS ENERGY CORP PAC**

Mailing Address 6901 ROCKLEDGE DRIVE, SUITE 800

City: BETHESDA State: MD Zip Code: 20817-1867

FEC ID number of contributing federal political committee: **C** C00355719

Name of Employer: Occupation:

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2017

**Transaction ID : SA11C.9970**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

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

Mailing Address PO BOX 6016

City: SAN RAMON State: CA Zip Code: 94583-0716

FEC ID number of contributing federal political committee: **C** C00035006

Name of Employer: Occupation:

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2017

**Transaction ID : SA11C.9924**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

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

Mailing Address PO BOX 6016

City: SAN RAMON State: CA Zip Code: 94583-0716

FEC ID number of contributing federal political committee: **C** C00035006

Name of Employer: Occupation:

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2017

**Transaction ID : SA11C.9925**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 11000.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 52	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)  
**COMMUNITY ONCOLOGY ALLIANCE PAC**

Mailing Address 1101 PENNSYLVANIA AVE., STE 700

City WASHINGTON	State DC	Zip Code 20004-2520
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00383976

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 03 / 2017

**Transaction ID : SA11C.9929**

Amount of Each Receipt this Period  
1500.00

Memo Item CONTRIBUTION

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

Mailing Address 1020 1ST AVE

City KING OF PRUSSIA	State PA	Zip Code 19406-1310
-------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00422501

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 28 / 2017

**Transaction ID : SA11C.9972**

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CTIA-THE WIRELESS ASSOCIATION PAC**

Mailing Address 1400 16TH STREET, NW SUITE 600

City WASHINGTON	State DC	Zip Code 20036-2225
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00262295

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2017

**Transaction ID : SA11C.9983**

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 52	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)  
**DAVITA HEALTHCARE PARTNERS, INC. PAC**

Mailing Address 32275 32ND AVENUE S

City FEDERAL WAY	State WA	Zip Code 98001-9616
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00340943

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
6000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 26 / 2017

**Transaction ID : SA11C.9953**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION  
REDESIGNATION REQUESTED

**B.** Full Name (Last, First, Middle Initial)  
**EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC**

Mailing Address 2980 FAIRVIEW PARK DRIVE

City FALLS CHURCH	State VA	Zip Code 22042-4511
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 03 / 2017

**Transaction ID : SA11C.9927**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 1726 M STREET, NW, SUITE 501

City WASHINGTON	State DC	Zip Code 20036-4522
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00196089

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 28 / 2017

**Transaction ID : SA11C.9971**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 19 OF 52  
(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. FARM CREDIT PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 F ST. NW, SUITE 900  
 City WASHINGTON State DC Zip Code 20001-1530  
 FEC ID number of contributing federal political committee. **C** C00193631  
 Name of Employer Occupation  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2017  
**Transaction ID : SA11C.9932**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**B. FRESENIUS MEDICAL CARE NA PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 801 PENNSYLVANIA AVE, NW STE 255  
 City WASHINGTON State DC Zip Code 20004-3637  
 FEC ID number of contributing federal political committee. **C** C00401299  
 Name of Employer Occupation  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2017  
**Transaction ID : SA11C.9966**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
 CONTRIBUTION

**C. GRIDIRON PAC C/O NATIONAL FOOTBALL LEAGUE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 345 PARK AVE  
 City NEW YORK State NY Zip Code 10154-0004  
 FEC ID number of contributing federal political committee. **C** C00451153  
 Name of Employer Occupation  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2017  
**Transaction ID : SA11C.9984**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 4500.00  
**TOTAL** This Period (last page this line number only) ..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 52	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)  
**INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL AC**

Mailing Address 1501 K STREET NW, SUITE 350

City WASHINGTON State DC Zip Code 20005-1412

FEC ID number of contributing federal political committee. **C** C00084491

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 03 / 2017

**Transaction ID : SA11C.9926**

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ITC HOLDINGS CORP PAC**

Mailing Address 201 TOWNSEND ST STE 900

City LANSING State MI Zip Code 48933-1529

FEC ID number of contributing federal political committee. **C** C00388462

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 22 / 2017

**Transaction ID : SA11C.9937**

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**J. R. SIMPLOT CO PAC**

Mailing Address PO BOX 27

City BOISE State ID Zip Code 83707-0027

FEC ID number of contributing federal political committee. **C** C00120873

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2017

**Transaction ID : SA11C.9988**

Amount of Each Receipt this Period  
5000.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 52	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)  
**KIDNEY CARE COUNCIL PAC**

Mailing Address 950 F ST NW 8TH FL

City WASHINGTON	State DC	Zip Code 20004-1438
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00326736

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2017

**Transaction ID : SA11C.9963**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 4500.00

Memo Item  
CONTRIBUTION

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

Mailing Address 600 14TH ST NW, STE 800

City WASHINGTON	State DC	Zip Code 20005-2099
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00236489

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2017

**Transaction ID : SA11C.9922**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item  
CONTRIBUTION

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

Mailing Address PO BOX 5650

City BISMARCK	State ND	Zip Code 58506-5650
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00163253

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2017

**Transaction ID : SA11C.9968**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	_____ 6500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	_____

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

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

FOR LINE NUMBER: (check only one)  
 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)  
**MICROSOFT CORPORATION PAC**

Mailing Address 16011 NE 36TH WAY

City REDMOND State WA Zip Code 98052-6301

FEC ID number of contributing federal political committee. **C** C00227546

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2017

**Transaction ID : SA11C.9979**

Amount of Each Receipt this Period  
 2000.00

Memo Item  
 CONTRIBUTION

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

Mailing Address 1212 NEW YORK AVE, NW SUITE 1100

City WASHINGTON State DC Zip Code 20005-3987

FEC ID number of contributing federal political committee. **C** C00283135

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2017

**Transaction ID : SA11C.9969**

Amount of Each Receipt this Period  
 2000.00

Memo Item  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**NTCA RURAL BROADBAND PAC**

Mailing Address 4121 WILSON BLVD., SUITE 1000

City ARLINGTON State VA Zip Code 22203-4145

FEC ID number of contributing federal political committee. **C** C00004473

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 07 / 2017

**Transaction ID : SA11C.9943**

Amount of Each Receipt this Period  
 5000.00

Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 9000.00

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 OF 52  
(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)  
**ONEOK EMPLOYEES PAC**

Mailing Address PO BOX 871

City TULSA State OK Zip Code 74102-0871

FEC ID number of contributing federal political committee. **C** C00215384

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 17 / 2017

**Transaction ID : SA11C.9912**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ORBITAL ATK INC PAC**

Mailing Address 1300 WILSON BLVD STE 1100

City ARLINGTON State VA Zip Code 22209-2313

FEC ID number of contributing federal political committee. **C** C00250209

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 26 / 2017

**Transaction ID : SA11C.9957**

Amount of Each Receipt this Period  
1500.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**PAC OF THE AAOS**

Mailing Address 317 MASSACHUSSETTS AVE NE

City WASHINGTON State DC Zip Code 20002-5769

FEC ID number of contributing federal political committee. **C** C00343137

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2017

**Transaction ID : SA11C.9986**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

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

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

6000.00

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

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

FOR LINE NUMBER: PAGE 24 OF 52  
(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)  
**PPL PEOPLE FOR GOOD GOVERNMENT**

Mailing Address 2 N 9TH ST

City ALLENTOWN State PA Zip Code 18101-1139

FEC ID number of contributing federal political committee. **C** C00228106

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2017

Transaction ID : SA11C.9987

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

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

Mailing Address 1100 WILSON BLVD, STE 1500

City ARLINGTON State VA Zip Code 22209-3900

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2017

Transaction ID : SA11C.9956

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**T-MOBILE USA INC. PAC**

Mailing Address 601 PENNSYLVANIA AVE NW SUITE 800N

City WASHINGTON State DC Zip Code 20004-2665

FEC ID number of contributing federal political committee. **C** C00361758

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2017

Transaction ID : SA11C.9991

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3000.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 52	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)  
**THE BOEING COMPANY PAC**

Mailing Address 929 LONG BRIDGE DRIVE

City ARLINGTON	State VA	Zip Code 22202-4208
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 25 / 2017

**Transaction ID : SA11C.9918**

Amount of Each Receipt this Period  
2000.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**TRANSCANADA USA SERVICES, INC. PAC**

Mailing Address 1250 I ST NW, STE 225

City WASHINGTON	State DC	Zip Code 20005-5977
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00525055

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2017

**Transaction ID : SA11C.9989**

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**US RENAL CARE PAC**

Mailing Address 5851 LEGACY CIRCLE, STE 900

City PLANO	State TX	Zip Code 75024-5982
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00639260

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 26 / 2017

**Transaction ID : SA11C.9962**

Amount of Each Receipt this Period  
2500.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 26 OF 52  
(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)  
**VAN NESS FELDMAN, LLP PAC**

Mailing Address 1050 THOMAS JEFFERSON ST NW

City WASHINGTON State DC Zip Code 20007-3837

FEC ID number of contributing federal political committee. **C** C00205369

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 01 2017

**Transaction ID : SA11C.9923**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**WALMART STORES INC PAC FOR RESPONSIBLE GOVERNMENT**

Mailing Address 702 SW 8TH ST

City BENTONVILLE State AR Zip Code 72716-6209

FEC ID number of contributing federal political committee. **C** C00093054

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 26 2017

**Transaction ID : SA11C.9964**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**WALMART STORES INC PAC FOR RESPONSIBLE GOVERNMENT**

Mailing Address 702 SW 8TH ST

City BENTONVILLE State AR Zip Code 72716-6209

FEC ID number of contributing federal political committee. **C** C00093054

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 30 2017

**Transaction ID : SA11C.9990**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	80000.00

# 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 27 OF 52	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Cramer for Congress**

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

Mailing Address 2350 RAVINE WAY STE 100

City GLENVIEW	State IL	Zip Code 60025
------------------	-------------	-------------------

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  
M M / D D / Y Y Y Y Y Y  
07 / 17 / 2017

**Transaction ID : SA14.2096**

Amount of Each Receipt this Period

Memo Item  
**REFUND OF OVERPAYMENT OF PAYROLL TAXES**

**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  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**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  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	<input type="text" value="403.70"/>
<b>TOTAL</b> This Period (last page this line number only)..... ▶	<input type="text" value="403.70"/>

**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 52	
	<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. CRAMER, KEVIN, J, ,</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2017	
Mailing Address 4256 HIGHCREEK RD			FEC Identification Number C	
City BISMARCK	State ND	Zip Code 58503	Amount of Each Disbursement this Period 3949.65	
Purpose of Disbursement Q2 TRAVEL EXPENSES (SEE BELOW)			Transaction ID : SB17.I2136	
Candidate Name			<input type="checkbox"/> Memo Item	
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. CRAMER, KEVIN, J, ,</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2017	
Mailing Address 4256 HIGHCREEK RD			FEC Identification Number C	
City BISMARCK	State ND	Zip Code 58503	Amount of Each Disbursement this Period 2700.65	
Purpose of Disbursement Q2 MILEAGE REIMBURSEMENT			Transaction ID : SB17.I2168	
Candidate Name			<input checked="" type="checkbox"/> Memo Item CRAMER 7/14	
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. CRAMER, KEVIN, J, ,</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2017	
Mailing Address 4256 HIGHCREEK RD			FEC Identification Number C	
City BISMARCK	State ND	Zip Code 58503	Amount of Each Disbursement this Period 1095.00	
Purpose of Disbursement Q2 PER DIEM (61 MEALS)			Transaction ID : SB17.I2169	
Candidate Name			<input checked="" type="checkbox"/> Memo Item CRAMER 7/14	
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).....▶	3949.65
<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 52	
	<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. CRAMER, KRIS, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2017
Mailing Address 4256 HIGHCREEK RD		FEC Identification Number C
City BISMARCK	State ND	Zip Code 58503
Purpose of Disbursement SALARY	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 1000.00	
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) ▼	Transaction ID : SB17.I2137
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. CRAMER, KRIS, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2017
Mailing Address 4256 HIGHCREEK RD		FEC Identification Number C
City BISMARCK	State ND	Zip Code 58503
Purpose of Disbursement SALARY	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 1000.00	
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) ▼	Transaction ID : SB17.I2138
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. CRAMER, KRIS, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2017
Mailing Address 4256 HIGHCREEK RD		FEC Identification Number C
City BISMARCK	State ND	Zip Code 58503
Purpose of Disbursement SALARY	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 1000.00	
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) ▼	Transaction ID : SB17.I2139
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3000.00
<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 30 OF 52	
	<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. CRAMER, KRIS, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2017	
Mailing Address 4256 HIGHCREEK RD			FEC Identification Number C	
City BISMARCK	State ND	Zip Code 58503	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement SALARY		Category/ Type	Transaction ID : SB17.I2140	
Candidate Name		<input type="checkbox"/> Memo Item		
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. CRAMER, KRIS, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2017	
Mailing Address 4256 HIGHCREEK RD			FEC Identification Number C	
City BISMARCK	State ND	Zip Code 58503	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement SALARY		Category/ Type	Transaction ID : SB17.I2141	
Candidate Name		<input type="checkbox"/> Memo Item		
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. CRAMER, KRIS, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2017	
Mailing Address 4256 HIGHCREEK RD			FEC Identification Number C	
City BISMARCK	State ND	Zip Code 58503	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement SALARY		Category/ Type	Transaction ID : SB17.I2142	
Candidate Name		<input type="checkbox"/> Memo Item		
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).....▶	3000.00
<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 31 OF 52	
	<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. WEGNER, RACHEL, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2017	
Mailing Address 5101 SUNLIGHT DR			FEC Identification Number C	
City BISMARCK	State ND	Zip Code 58503	Amount of Each Disbursement this Period 600.00	
Purpose of Disbursement ADMINISTRATIVE CONSULTING			Transaction ID : SB17.I2144	
Candidate Name			<input type="checkbox"/> Memo Item	
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 AIRLINES</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2017	
Mailing Address 4333 AMON CARTER BOULEVARD			FEC Identification Number C	
City FORT WORTH	State TX	Zip Code 76155	Amount of Each Disbursement this Period 46.33	
Purpose of Disbursement TRAVEL			Transaction ID : SB17.I2097	
Candidate Name			<input type="checkbox"/> Memo Item	
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 AIRLINES</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2017	
Mailing Address 4333 AMON CARTER BOULEVARD			FEC Identification Number C	
City FORT WORTH	State TX	Zip Code 76155	Amount of Each Disbursement this Period 46.33	
Purpose of Disbursement TRAVEL			Transaction ID : SB17.I2098	
Candidate Name			<input type="checkbox"/> Memo Item	
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).....▶	692.66
<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 52			
	<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 AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2017
Mailing Address 4333 AMON CARTER BOULEVARD		FEC Identification Number C
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period 433.40
Candidate Name		Transaction ID : SB17.I2099
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2017
Mailing Address 4333 AMON CARTER BOULEVARD		FEC Identification Number C
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period 433.40
Candidate Name		Transaction ID : SB17.I2100
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2017
Mailing Address 4333 AMON CARTER BOULEVARD		FEC Identification Number C
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period 50.00
Candidate Name		Transaction ID : SB17.I2101
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	916.80
<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 52			
	<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 AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2017
Mailing Address 4333 AMON CARTER BOULEVARD		FEC Identification Number C
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement TRAVEL	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 25.00	
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:	Transaction ID : SB17.I2102	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2017
Mailing Address 4333 AMON CARTER BOULEVARD		FEC Identification Number C
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement TRAVEL	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 50.00	
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:	Transaction ID : SB17.I2103	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2017
Mailing Address 200 VESSEY ST		FEC Identification Number C
City MANHATTAN	State NY	Zip Code 10080
Purpose of Disbursement CC PAYMENT (SEE BELOW)	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 929.73	
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:	Transaction ID : SB17.I2088	
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1004.73
<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 52	
	<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 AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2017
Mailing Address 4333 AMON CARTER BOULEVARD		FEC Identification Number C
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement TRAVEL	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 488.40	
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) ▼	Transaction ID : SB17.I2089
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2017
Mailing Address 4333 AMON CARTER BOULEVARD		FEC Identification Number C
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement TRAVEL	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 25.00	
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) ▼	Transaction ID : SB17.I2090
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2017
Mailing Address 4333 AMON CARTER BOULEVARD		FEC Identification Number C
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement TRAVEL	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 370.00	
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) ▼	Transaction ID : SB17.I2091
State: District:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<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 35 OF 52	
	<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 AIRLINES</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2017	
Mailing Address 4333 AMON CARTER BOULEVARD			FEC Identification Number C	
City FORT WORTH	State TX	Zip Code 76155	Amount of Each Disbursement this Period 46.33	
Purpose of Disbursement TRAVEL		Category/ Type	Transaction ID : SB17.I2092	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
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 09 / 21 / 2017	
Mailing Address 200 VESSEY ST			FEC Identification Number C	
City MANHATTAN	State NY	Zip Code 10080	Amount of Each Disbursement this Period 1163.80	
Purpose of Disbursement CC PAYMENT (SEE BELOW)		Category/ Type	Transaction ID : SB17.I2104	
Candidate Name		Memo Item <input type="checkbox"/>		
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 07 / 26 / 2017	
Mailing Address 1030 DELTA BLVD			FEC Identification Number C	
City ATLANTA	State GA	Zip Code 30354	Amount of Each Disbursement this Period 581.90	
Purpose of Disbursement TRAVEL		Category/ Type	Transaction ID : SB17.I2166 AMEX 9/21	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
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).....▶	1163.80
<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 52	
	<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. DELTA</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2017
Mailing Address 1030 DELTA BLVD		FEC Identification Number C
City ATLANTA	State GA	Zip Code 30354
Purpose of Disbursement TRAVEL	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 581.90	
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) ▼	Transaction ID : SB17.I2167
State: District:	<input checked="" type="checkbox"/> Memo Item AMEX 9/21	

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2017
Mailing Address 541 S 7TH ST		FEC Identification Number C
City BISMARCK	State ND	Zip Code 58504
Purpose of Disbursement PHONES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 265.52	
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) ▼	Transaction ID : SB17.I2106
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2017
Mailing Address 541 S 7TH ST		FEC Identification Number C
City BISMARCK	State ND	Zip Code 58504
Purpose of Disbursement PHONES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 266.52	
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) ▼	Transaction ID : SB17.I2107
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	532.04
<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 37 OF 52			
	<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. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2017
Mailing Address 541 S 7TH ST		FEC Identification Number C
City BISMARCK	State ND	Zip Code 58504
Purpose of Disbursement PHONES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 370.35	
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:	Transaction ID : SB17.I2108	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. BISMARCK AIRPORT</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2017
Mailing Address 2301 UNIVERSITY DR		FEC Identification Number C
City BISMARCK	State ND	Zip Code 58502
Purpose of Disbursement TRAVEL	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 50.00	
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:	Transaction ID : SB17.I2109	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. CAPITOL HILL CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2017
Mailing Address 300 1ST ST SE		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement FOOD/BEVERAGE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 351.17	
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:	Transaction ID : SB17.I2110	
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	771.52
<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 38 OF 52	
	<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. CAPITOL HILL CLUB</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2017	
Mailing Address 300 1ST ST SE			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Disbursement this Period 455.92	
Purpose of Disbursement FOOD/BEVERAGES		Category/ Type	Transaction ID : SB17.I2111	
Candidate Name		<input type="checkbox"/> Memo Item		
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. CMDI</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2017	
Mailing Address 7704 LEESBURG PIKE			FEC Identification Number C	
City FALLS CHURCH	State VA	Zip Code 22043	Amount of Each Disbursement this Period 2.80	
Purpose of Disbursement CC PROCESSING		Category/ Type	Transaction ID : SB17.I2112	
Candidate Name		<input type="checkbox"/> Memo Item		
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 07 / 10 / 2017	
Mailing Address 7704 LEESBURG PIKE			FEC Identification Number C	
City FALLS CHURCH	State VA	Zip Code 22043	Amount of Each Disbursement this Period 78.30	
Purpose of Disbursement CC PROCESSING		Category/ Type	Transaction ID : SB17.I2113	
Candidate Name		<input type="checkbox"/> Memo Item		
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).....▶	537.02
<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 39 OF 52	
	<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 07 / 19 / 2017
Mailing Address 7704 LEESBURG PIKE		FEC Identification Number C
City FALLS CHURCH	State VA	Zip Code 22043
Purpose of Disbursement ONLINE SERVICES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 800.00	
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) ▼	Transaction ID : SB17.I2114
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2017
Mailing Address 7704 LEESBURG PIKE		FEC Identification Number C
City FALLS CHURCH	State VA	Zip Code 22043
Purpose of Disbursement ONLINE SERVICES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 800.00	
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) ▼	Transaction ID : SB17.I2115
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2017
Mailing Address 7704 LEESBURG PIKE		FEC Identification Number C
City FALLS CHURCH	State VA	Zip Code 22043
Purpose of Disbursement CC PROCESSING	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 4.20	
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) ▼	Transaction ID : SB17.I2116
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1604.20
<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 40 OF 52	
	<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 09 / 19 / 2017
Mailing Address 7704 LEESBURG PIKE		FEC Identification Number C
City FALLS CHURCH	State VA	Zip Code 22043
Purpose of Disbursement ONLINE SERVICES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 800.00	
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) ▼	Transaction ID : SB17.I2117
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2017
Mailing Address 7704 LEESBURG PIKE		FEC Identification Number C
City FALLS CHURCH	State VA	Zip Code 22043
Purpose of Disbursement CC PROCESSING	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 19.80	
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) ▼	Transaction ID : SB17.I2118
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. DELTA</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2017
Mailing Address 1030 DELTA BLVD		FEC Identification Number C
City ATLANTA	State GA	Zip Code 30354
Purpose of Disbursement TRAVEL	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 418.80	
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) ▼	Transaction ID : SB17.I2119
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1238.60
<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 41 OF 52			
	<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. ELECTION CFO, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2017		
Mailing Address P.O. BOX 26141			FEC Identification Number C		
City ALEXANDRIA	State VA	Zip Code 22313	Amount of Each Disbursement this Period 2425.02		
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type	Transaction ID : SB17.I2120		
Candidate Name		<input type="checkbox"/> Memo Item			
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. ELECTION CFO, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2017		
Mailing Address P.O. BOX 26141			FEC Identification Number C		
City ALEXANDRIA	State VA	Zip Code 22313	Amount of Each Disbursement this Period 1469.25		
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type	Transaction ID : SB17.I2121		
Candidate Name		<input type="checkbox"/> Memo Item			
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. ENTERPRISE RENT-A-CAR</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2017		
Mailing Address 600 CORPORATE PARK DR			FEC Identification Number C		
City SAINT LOUIS	State MO	Zip Code 63105	Amount of Each Disbursement this Period 649.08		
Purpose of Disbursement TRAVEL		Category/ Type	Transaction ID : SB17.I2122		
Candidate Name		<input type="checkbox"/> Memo Item			
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).....▶	4543.35
<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 42 OF 52			
	<input checked="" type="checkbox"/> 17 <input 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. FOUR SEASONS</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2017		
Mailing Address 44705 BIRCH POINT RD			FEC Identification Number C		
City CABLE	State WI	Zip Code 54821	Amount of Each Disbursement this Period 1419.39		
Purpose of Disbursement TRAVEL		Category/ Type	Transaction ID : SB17.I2124		
Candidate Name		<input type="checkbox"/> Memo Item			
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. FOUR SEASONS</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2017		
Mailing Address 44705 BIRCH POINT RD			FEC Identification Number C		
City CABLE	State WI	Zip Code 54821	Amount of Each Disbursement this Period 10.26		
Purpose of Disbursement TRAVEL		Category/ Type	Transaction ID : SB17.I2125		
Candidate Name		<input type="checkbox"/> Memo Item			
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. GOLDEN WEST PUBLISHING</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2017		
Mailing Address 4113 N LONGVIEW AVE			FEC Identification Number C		
City PHOENIX	State AZ	Zip Code 85014	Amount of Each Disbursement this Period 385.00		
Purpose of Disbursement ADVERTISING - PRINT		Category/ Type	Transaction ID : SB17.I2128		
Candidate Name		<input type="checkbox"/> Memo Item			
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).....▶	1814.65
<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 43 OF 52			
	<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. GREENBRIER HOTEL</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2017		
Mailing Address 300 W MAIN ST			FEC Identification Number C		
City WHITE SULPHUR SPRI	State WV	Zip Code 24986	Amount of Each Disbursement this Period 887.32		
Purpose of Disbursement TRAVEL		Category/ Type	Transaction ID : SB17.I2129		
Candidate Name		<input type="checkbox"/> Memo Item			
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. GULA GRAHAM</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2017		
Mailing Address 499 S CAPITOL ST SW SUITE 420			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Disbursement this Period 1725.79		
Purpose of Disbursement FUNDRAISING CONSULTING EXPENSES		Category/ Type	Transaction ID : SB17.I2130		
Candidate Name		<input type="checkbox"/> Memo Item			
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. GULA GRAHAM</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2017		
Mailing Address 499 S CAPITOL ST SW SUITE 420			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Disbursement this Period 16665.00		
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type	Transaction ID : SB17.I2131		
Candidate Name		<input type="checkbox"/> Memo Item			
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).....▶	19278.11
<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 44 OF 52			
	<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. GULA GRAHAM</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2017		
Mailing Address 499 S CAPITOL ST SW SUITE 420			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Disbursement this Period 1274.05		
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type	Transaction ID : SB17.I2132		
Candidate Name		<input type="checkbox"/> Memo Item			
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. GULA GRAHAM</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2017		
Mailing Address 499 S CAPITOL ST SW SUITE 420			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Disbursement this Period 22.50		
Purpose of Disbursement FUNDRAISING CONSULTANT EXPENSES		Category/ Type	Transaction ID : SB17.I2133		
Candidate Name		<input type="checkbox"/> Memo Item			
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. PAYPAL, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2017		
Mailing Address 2211 NORTH FIRST STREET			FEC Identification Number C		
City SAN JOSE	State CA	Zip Code 95131	Amount of Each Disbursement this Period 102.00		
Purpose of Disbursement CC PROCESSING		Category/ Type	Transaction ID : SB17.I2173		
Candidate Name		<input type="checkbox"/> Memo Item			
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).....▶	1398.55
<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 45 OF 52			
	<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. PAYPAL, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2017
Mailing Address 2211 NORTH FIRST STREET		FEC Identification Number C
City SAN JOSE	State CA	Zip Code 95131
Purpose of Disbursement CC PROCESSING		Amount of Each Disbursement this Period 42.87
Candidate Name		Transaction ID : SB17.I2174
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PAYPAL, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2017
Mailing Address 2211 NORTH FIRST STREET		FEC Identification Number C
City SAN JOSE	State CA	Zip Code 95131
Purpose of Disbursement CC PROCESSING		Amount of Each Disbursement this Period 197.70
Candidate Name		Transaction ID : SB17.I2175
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. REEL LOVE VIDEOS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2017
Mailing Address 421 RIVERSIDE PARK ROAD		FEC Identification Number C
City BISMARK	State ND	Zip Code 58504
Purpose of Disbursement PHOTOGRAPHY & VIDEO		Amount of Each Disbursement this Period 1223.40
Candidate Name		Transaction ID : SB17.I2170
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1463.97
<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 46 OF 52	
	<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. SILICON PLAINS, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2017	
Mailing Address 2207 E MAIN AVE			FEC Identification Number C	
City BISMARK	State ND	Zip Code 58501	Amount of Each Disbursement this Period 191.70	
Purpose of Disbursement EMAIL SERVICES		Category/ Type	Transaction ID : SB17.I2171	
Candidate Name		<input type="checkbox"/> Memo Item		
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. SUREPAYROLL</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2017	
Mailing Address 2350 RAVINE WAY STE 100			FEC Identification Number C	
City GLENVIEW	State IL	Zip Code 60025	Amount of Each Disbursement this Period 566.50	
Purpose of Disbursement PAYROLL TAXES		Category/ Type	Transaction ID : SB17.I2148	
Candidate Name		<input type="checkbox"/> Memo Item		
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 07 / 03 / 2017	
Mailing Address 2350 RAVINE WAY STE 100			FEC Identification Number C	
City GLENVIEW	State IL	Zip Code 60025	Amount of Each Disbursement this Period 30.41	
Purpose of Disbursement PAYROLL PROCESSING		Category/ Type	Transaction ID : SB17.I2149	
Candidate Name		<input type="checkbox"/> Memo Item		
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).....▶	788.61
<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 47 OF 52			
	<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
Mailing Address 2350 RAVINE WAY STE 100		M M / D D / Y Y Y Y 07 / 17 / 2017
City GLENVIEW	State IL	Zip Code 60025
Purpose of Disbursement PAYROLL PROCESSING		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For:	30.41
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID : SB17.I2150</b>
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. SUREPAYROLL</b>		Date of Disbursement
Mailing Address 2350 RAVINE WAY STE 100		M M / D D / Y Y Y Y 07 / 20 / 2017
City GLENVIEW	State IL	Zip Code 60025
Purpose of Disbursement PAYROLL PROCESSING		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For:	12.60
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID : SB17.I2151</b>
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. SUREPAYROLL</b>		Date of Disbursement
Mailing Address 2350 RAVINE WAY STE 100		M M / D D / Y Y Y Y 08 / 01 / 2017
City GLENVIEW	State IL	Zip Code 60025
Purpose of Disbursement PAYROLL PROCESSING		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For:	30.41
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID : SB17.I2152</b>
State: District:		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	73.42
<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 48 OF 52	
	<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
Mailing Address 2350 RAVINE WAY STE 100		M M / D D / Y Y Y Y 08 / 01 / 2017
City GLENVIEW	State IL	Zip Code 60025
Purpose of Disbursement PAYROLL TAXES	Category/ Type	
Candidate Name		Amount of Each Disbursement this Period
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) ▼	81.40
State: District:	Transaction ID : SB17.I2153	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. SUREPAYROLL</b>		Date of Disbursement
Mailing Address 2350 RAVINE WAY STE 100		M M / D D / Y Y Y Y 08 / 16 / 2017
City GLENVIEW	State IL	Zip Code 60025
Purpose of Disbursement PAYROLL TAXES	Category/ Type	
Candidate Name		Amount of Each Disbursement this Period
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) ▼	81.40
State: District:	Transaction ID : SB17.I2154	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. SUREPAYROLL</b>		Date of Disbursement
Mailing Address 2350 RAVINE WAY STE 100		M M / D D / Y Y Y Y 08 / 16 / 2017
City GLENVIEW	State IL	Zip Code 60025
Purpose of Disbursement PAYROLL PROCESSING	Category/ Type	
Candidate Name		Amount of Each Disbursement this Period
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) ▼	30.41
State: District:	Transaction ID : SB17.I2155	
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	193.21
<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 49 OF 52			
	<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
Mailing Address 2350 RAVINE WAY STE 100		M M / D D / Y Y Y Y 09 / 01 / 2017
City GLENVIEW	State IL	Zip Code 60025
Purpose of Disbursement PAYROLL PROCESSING		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period
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) ▼	30.41
State: District:		Transaction ID : SB17.I2156
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. SUREPAYROLL</b>		Date of Disbursement
Mailing Address 2350 RAVINE WAY STE 100		M M / D D / Y Y Y Y 09 / 01 / 2017
City GLENVIEW	State IL	Zip Code 60025
Purpose of Disbursement PAYROLL TAXES		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period
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) ▼	81.40
State: District:		Transaction ID : SB17.I2157
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. SUREPAYROLL</b>		Date of Disbursement
Mailing Address 2350 RAVINE WAY STE 100		M M / D D / Y Y Y Y 09 / 18 / 2017
City GLENVIEW	State IL	Zip Code 60025
Purpose of Disbursement PAYROLL TAXES		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period
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) ▼	81.40
State: District:		Transaction ID : SB17.I2158
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	193.21
<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 50 OF 52	
	<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 09 / 18 / 2017
Mailing Address 2350 RAVINE WAY STE 100		FEC Identification Number C
City GLENVIEW	State IL	Zip Code 60025
Purpose of Disbursement PAYROLL PROCESSING		Amount of Each Disbursement this Period 30.41
Candidate Name		Transaction ID : SB17.I2159
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. UNISOURCE DIRECT</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2017
Mailing Address P.O. BOX 82		FEC Identification Number C
City WATERTOWN	State WI	Zip Code 53094
Purpose of Disbursement DIRECT MAIL		Amount of Each Disbursement this Period 10561.45
Candidate Name		Transaction ID : SB17.I2161
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. UNITED PRINTING</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2017
Mailing Address 117 W FRONT AVE		FEC Identification Number C
City BISMARCK	State ND	Zip Code 58504
Purpose of Disbursement PRINTING		Amount of Each Disbursement this Period 393.77
Candidate Name		Transaction ID : SB17.I2162
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10985.63
<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 51 OF 52			
	<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 09 / 30 / 2017		
Mailing Address 117 W FRONT AVE			FEC Identification Number C		
City BISMARCK	State ND	Zip Code 58504	Amount of Each Disbursement this Period 543.89		
Purpose of Disbursement PRINTING & POSTAGE		Category/ Type	Transaction ID : SB17.I2172		
Candidate Name		<input type="checkbox"/> Memo Item			
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 07 / 17 / 2017		
Mailing Address 200 NORTH 3RD STREET, #200			FEC Identification Number C		
City BISMARCK	State ND	Zip Code 58501	Amount of Each Disbursement this Period 67.50		
Purpose of Disbursement BANK FEE		Category/ Type	Transaction ID : SB17.I2163		
Candidate Name		<input type="checkbox"/> Memo Item			
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. USPS</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2017		
Mailing Address 303 NORTH 4TH STREET			FEC Identification Number C		
City BISMARCK	State ND	Zip Code 58501	Amount of Each Disbursement this Period 245.00		
Purpose of Disbursement POSTAGE		Category/ Type	Transaction ID : SB17.I2164		
Candidate Name		<input type="checkbox"/> Memo Item			
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).....▶	856.39
<b>TOTAL</b> This Period (last page this line number only).....▶	60000.12

**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 52 OF 52	
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) PEOPLE FOR ENTERPRISE TRADE AND ECONOMIC GROWTH (PETE PAC)		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2017	
Mailing Address 2108 FOREST HILL RD			
City ALEXANDRIA	State VA	Zip Code 22307	
Purpose of Disbursement CONTRIBUTION		FEC Identification Number C C00363770	
Candidate Name		Amount of Each Disbursement this Period 3000.00	
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:	Transaction ID : SB21.I2093 <input type="checkbox"/> Memo Item		

<b>B.</b> Full Name (Last, First, Middle Initial)		Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		FEC Identification Number C	
Candidate Name		Amount of Each Disbursement this Period	
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:	<input type="checkbox"/> Memo Item		

<b>C.</b> Full Name (Last, First, Middle Initial)		Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		FEC Identification Number C	
Candidate Name		Amount of Each Disbursement this Period	
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:	<input type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3000.00