

**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

Sinner for Congress

ADDRESS (number and street)

PO Box 9614

Check if different
than previously
reported. (ACC)

Fargo

ND

58106

2. FEC IDENTIFICATION NUMBER ▼

C

C00560441

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

ND

00

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

11

D D / Y Y Y Y

25

Y Y Y Y

2014

through

M M / D D / Y Y Y Y

12

D D / Y Y Y Y

31

Y Y Y Y

2014

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 Mr. Jon Ewen

Signature of Treasurer

Mr. Jon Ewen

[Electronically Filed]

Date

M M / D D / Y Y Y Y

01

D D / Y Y Y Y

30

Y Y Y Y

2015

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

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 24

Write or Type Committee Name

Sinner for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	5		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	4

	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))....	0.00	144948.50
(b) Total Contribution Refunds (from Line 20(d))	0.00	2780.44
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	142168.06
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	2712.83	899989.49
(b) Total Offsets to Operating Expenditures (from Line 14).....	25.00	1436.26
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	2687.83	898553.23
8. Cash on Hand at Close of Reporting Period (from Line 27).....	16076.66	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	11957.53	

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 24

Write or Type Committee Name

Sinner for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	5		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	4

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized.....

(iii) TOTAL of contributions from individuals ▶

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES**13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

(b) All Other Loans.....

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)**15. OTHER RECEIPTS (Dividends, Interest, etc.)****16. TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 24

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2712.83	899989.49
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	2780.44
(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	2780.44
21. OTHER DISBURSEMENTS	0.00	25854.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	2712.83	928623.93

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	18764.49
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	25.00
25. SUBTOTAL (add Line 23 and Line 24).....	18789.49
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2712.83
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	16076.66

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 24

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<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)

Sinner for Congress

Full Name (Last, First, Middle Initial)

A. SignaPayMailing Address 105 Decker Ct
Ste 650

City Irving State TX Zip Code 75062-2814

Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
12	01	2014

Amount of Each Disbursement this Period

36.60

Transaction ID : VNTQD9QZ2R9

B. Political C.F.O.s., Inc.

Mailing Address 2452 Vale Way

City Erie State CO Zip Code 80516-4035

Purpose of Disbursement
Accounting & Compliance Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
12	02	2014

Amount of Each Disbursement this Period

2500.00

Transaction ID : VNTQD9R9TV3

c. Rania BatriceMailing Address 2505 W Country Club Dr S
Apt 3

City Fargo State ND Zip Code 58103-5753

Purpose of Disbursement
Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
12	12	2014

Amount of Each Disbursement this Period

658.25

Transaction ID : VNTQD9R9V68

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

3194.85

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 24

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<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)

Sinner for Congress

Full Name (Last, First, Middle Initial)

A. American Federal Bank

Mailing Address PO Box 790408

City	State	Zip Code
Saint Louis	MO	63179-0408

Purpose of Disbursement
Interest

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		12		2014

Amount of Each Disbursement this Period

45.15

Transaction ID : VNTQD9R9V91

[MEMO ITEM]

*

Full Name (Last, First, Middle Initial)

B. Office Max

Mailing Address 4360 13th Ave S

City	State	Zip Code
Fargo	ND	58103-3310

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		12		2014

Amount of Each Disbursement this Period

80.60

Transaction ID : VNTQD9R9VB7

[MEMO ITEM]

*

Full Name (Last, First, Middle Initial)

C. Sunmart Foods

Mailing Address 3175 25th St S

City	State	Zip Code
Fargo	ND	58103-6171

Purpose of Disbursement
Postage

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		12		2014

Amount of Each Disbursement this Period

148.62

Transaction ID : VNTQD9R9VC5

[MEMO ITEM]

*

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

0.00

--

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 24

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<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)

Sinner for Congress

Full Name (Last, First, Middle Initial)

A. Vonage

Mailing Address 23 Main St

City	State	Zip Code
Holmdel	NJ	07733-2136

Purpose of Disbursement
Telephones

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		12		2014

Amount of Each Disbursement this Period

41.19

Transaction ID : VNTQD9R9VG7

[MEMO ITEM]

*

B. Rania BatriceMailing Address 2505 W Country Club Dr S
Apt 3

City	State	Zip Code
Fargo	ND	58103-5753

Purpose of Disbursement
Reimbursement

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2014

Amount of Each Disbursement this Period

549.39

Transaction ID : VNTQD9R9V76

c. Sunmart Foods

Mailing Address 3175 25th St S

City	State	Zip Code
Fargo	ND	58103-6171

Purpose of Disbursement
Volunteer Food

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2014

Amount of Each Disbursement this Period

32.93

Transaction ID : VNTQD9R9VR0

[MEMO ITEM]

*

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

549.39

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 24

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<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)

Sinner for Congress

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address 4101 13th Ave S

City	State	Zip Code
Fargo	ND	58103-3342

Purpose of Disbursement
Postage & Shipping

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2014

Amount of Each Disbursement this Period

103.51

Transaction ID : VNTQD9R9VK0

[MEMO ITEM]

*

B. Neill Goltz

Mailing Address 1808 8th Ave

City	State	Zip Code
Grinnell	IA	50112-1523

Purpose of Disbursement
State Check Adjustment

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2014

Amount of Each Disbursement this Period

-747.96

Transaction ID : VNTQD9R9V36

c. Hannah Johnson

Mailing Address 1009 N 1st St

City	State	Zip Code
Bismarck	ND	58501-3519

Purpose of Disbursement
State Check Adjustment

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2014

Amount of Each Disbursement this Period

-224.00

Transaction ID : VNTQD9R9V50

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

-971.96

2772.28

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SB17

Transaction ID : VNTQD9R9V36

Represents Reimbursement check that was issued/reported in error, and never was cashed.

Form/Schedule: SB17

Transaction ID: VNTQD9R9V50

Represents adjustment for Mileage reimbursement that was never cashed.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 10 OF 24

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNVPA4W941L

Sinner for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

George B Sinner

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1806 Rose Creek Dr S

City

State

ZIP Code

Fargo

ND

58104-6829

Original Amount of Loan

1056.55

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1056.55

TERMS

Date Incurred

M M / D D / Y Y
05 / 20 / 2014

Date Due

M M / D D / Y Y
none

Interest Rate

none

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1056.55

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SC/10

Transaction ID : VNVPNA4W941L

Per submitted Expense Report of March and April, submitted in May

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3)
LOANS

PAGE 12 OF 24

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNVPA58CF9L

Sinner for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

George B Sinner

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1806 Rose Creek Dr S

City

State

ZIP Code

Fargo

ND

58104-6829

Original Amount of Loan

1340.88

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1340.88

TERMS

Date Incurred

M M / D D / Y Y Y Y
05 / 22 / 2014

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

none % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1340.88

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SC/10

Transaction ID : VNVPNA58CF9L

Mileage Log and Reimbursement Form March and April

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3)
LOANS

PAGE 14 OF 24

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNVPNCAFYC5L

Sinner for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

George B Sinner

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

1806 Rose Creek Dr S

City

State

ZIP Code

Fargo

ND

58104-6829

Original Amount of Loan

338.96

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

338.96

TERMS

Date Incurred

M M / D D / Y Y Y Y
07 / 01 / 2014

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

none % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

338.96

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SC/10

Transaction ID : VNVPNCAFYC5L

Per submitted Expense Report for TCs and DC travel of 6/8-10/2014

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3)
LOANS

PAGE 16 OF 24

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNVPNCAFYD2L

Sinner for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

George B Sinner

[PERSONAL FUNDS]

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

1806 Rose Creek Dr S

City

State

ZIP Code

Fargo

ND

58104-6829

Original Amount of Loan

911.07

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

911.07

TERMS

Date Incurred

M M / D D / Y Y Y Y
07 / 01 / 2014

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

none % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

911.07

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SC/10

Transaction ID : VNVPNCAFYD2L

Per submitted Expense Report for Bismarck, Medora Killdeer trip with Rania Batrice and Jim Duffy

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3)
LOANS

PAGE 18 OF 24

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNVPCAFYE0L

Sinner for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

George B Sinner

[PERSONAL FUNDS]

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

1806 Rose Creek Dr S

City

State

ZIP Code

Fargo

ND

58104-6829

Original Amount of Loan

374.95

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

374.95

TERMS

Date Incurred

M M / D D / Y Y Y Y
07 / 01 / 2014

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

none % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

374.95

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SC/10

Transaction ID : VNVPNCAFYE0L

Miscellaneous out-of-pocket campaign expenses for May and June, not previously submitted.

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 20 OF 24

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNVPNCAFYH4L

Sinner for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

George B Sinner

[PERSONAL FUNDS]

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

1806 Rose Creek Dr S

City

State

ZIP Code

Fargo

ND

58104-6829

Original Amount of Loan

2500.40

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2500.40

TERMS

Date Incurred

M M / D D / Y Y Y Y
07 / 01 / 2014

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

none % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

2500.40

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SC/10

Transaction ID : VNVPNCAFYH4L

Mileage Log and Reimbursement Form for May and June

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3)
LOANS

PAGE 22 OF 24

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNVPNCAFZ44L

Sinner for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

George B Sinner

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

1806 Rose Creek Dr S

City

State

ZIP Code

Fargo

ND

58104-6829

Original Amount of Loan

1104.32

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1104.32

TERMS

Date Incurred

M M / D D / Y Y Y Y
07 / 01 / 2014

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

none % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1104.32

TOTALS This Period (last page in this line only)..... ►

7627.13

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SC/10

Transaction ID : VNVPNCAFZ44L

Mileage Log and Reimbursement Form for staff reimbursement of Buick Fills

Form/Schedule:

Transaction ID:

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 24 OF 24

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Sinner for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Putnam PartnersNature of Debt (Purpose):
Media production expenseMailing Address 1100 Vermont Ave NW
Ste 1200City State Zip Code
Washington DC 20005-6334

Outstanding Balance Beginning This Period

1575.00

Transaction ID : VNRRX9H6HK2

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1575.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Political C.F.O.s., Inc.Nature of Debt (Purpose):
Accounting & Compliance Services

Mailing Address 2452 Vale Way

City State Zip Code
Erie CO 80516-4035

Outstanding Balance Beginning This Period

0.00

Transaction ID : VNRRX9H6VH8

Amount Incurred This Period

2755.40

Payment This Period

0.00

Outstanding Balance at Close of This Period

2755.40

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ▶

4330.40

2) **TOTALS** This Period (last page this line number only) ▶

4330.40

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

7627.13

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

11957.53