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Image# 15970157747

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Aut	horized Com	mittee			Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT	•	ample: If typin er the lines.	g, type	12FE4M5	
Sinner for Congres	SS			1 1 1 1		1
	PO Box 9614					
ADDRESS (number and street	et)					
Check if different than previously reported. (ACC)	Fargo				ND	58106
2. FEC IDENTIFICATION	N NUMBER ▼	CITY A			STATE A	ZIP CODE
C C00560441		3. IS THIS REPORT	× NEW	OR	AMEND (A)	STATE ▼ DISTRICT DED ND 00 □
4. TYPE OF REPOR	Choose One)					
(a) Quarterly Reports	(t	o) 12-Day PRE	-Election Repo	ort for the:	_	
April 15 Quar	terly Report (Q1)	Ш	Primary (12P)	General (1	2G) Runoff (12R)
	erly Report (Q2)		Convention (12C)	Special (1	2S)
-	Quarterly Report (Q3)	Election on	M M /	D D /	Y " Y " Y	in the State of
X January 31 Y	ear-End Report (YE) (d	c) 30-Day POS	T -Election Rep	oort for the:		
			General (30G	i)	Runoff (30	DR) Special (30S)
Termination F	deport (TER)	Election on	M M /	D D /	Y " Y " Y	in the State of
5. Covering Period	M M / D D /	y y y y 2014	through	м м 12	/ D D /	Y Y Y Y Y 2014
I certify that I have examin	ed this Report and to th	ne best of my kr	nowledge and	belief it is tr	ue, correct and	d complete.
Type or Print Name of Trea	asurer Mr. Jon Ewen					
Signature of Treasurer	Mr. Jon Ewen		[Electronically I	Filed] [Date 01	/ B B / Y Y Y Y Y 30 15 2015
NOTE: Submission of false,	erroneous, or incomplete	information may	subject the per	son signing	this Report to the	he penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

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Write or Type Committee Name

Sinner	for	Congress
--------	-----	----------

12 31 2014 25 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 0.00 144948.50 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 2780.44 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 142168.06 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 2712.83 899989.49 (from Line 17) (b) Total Offsets to Operating 25.00 1436.26 Expenditures (from Line 14)..... (c) Net Operating Expenditures 2687.83 898553.23 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 16076.66 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 11957.53 Schedule C and/or Schedule D).....

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: 11 25 2014 To: 12 31 2014

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. C	CONTRIBUTIONS (other than loans) FROM:		
(8	a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	0.00	0.00
	(ii) Unitemized	0.00	0.00
	(iii) TOTAL of contributions from individuals	0.00	0.00
(k	,	0.00	6771.00
(0	c) Other Political Committees (such as PACs)	0.00	138177.50
(c	TOTAL CONTRIBUTIONS	0.00	0.00
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	144948.50
	RANSFERS FROM OTHER UTHORIZED COMMITTEES	0.00	0.00
	OANS:		
(č	a) Made or Guaranteed by the Candidate	0.00	7627.13
(k	,	0.00	0.00
(0	c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	7627.13
	OFFSETS TO OPERATING XPENDITURES		
	Refunds, Rebates, etc.)	25.00	1436.26
	OTHER RECEIPTS Dividends, Interest, etc.)	0.00	0.00
1	OTAL RECEIPTS (add Lines 1(e), 12, 13(c), 14, and 15) Carry Total to Line 24, page 4)	25.00	154011.89

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

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	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 SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	RTING 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 (fro	om Line 22)	2712.83
27.	CASH ON HAND AT CLOSE OF REPORTIN (subtract Line 26 from Line 25)		16076.66

S

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS Use separate schedule(s) for each category of the betale Summary Fee Cheek only one) ITEMIZED DISBURSEMENTS ITEMIZED DISBUR		-					
Temize Disbursement Disburseme	SC	CHEDULE I	B (FEC Form	3)	Use separate sch		OTT EINE NOWBETT.
April 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 committees.	ITEMIZED DISBURSEMENTS		for each category Detailed Summar	of the	X 17 18 19a 19b		
Sinner for Congress Full Name (Last, First, Middle Initial) A. SignaPay Mailing Address 105 Decker Ct Ste 650 City Inving Tx 75062-2814 Purpose of Disbursement Merchant Fees Cardidate Name Office Sought: Full Name (Last, First, Middle Initial) B. Political C.F.O.s., Inc. Mailing Address 2452 Vale Way City State Condidate Name Office Sought: Full Name (Last, First, Middle Initial) B. Political C.F.O.s., Inc. Mailing Address 2452 Vale Way City State Condidate Name Office Sought: Full Name (Last, First, Middle Initial) State: President Disbursement For: 2014 Category/ Type Office Sought: Full Name (Last, First, Middle Initial) State: President State: Disbursement For: 2014 Primary Office Sought: Full Name (Last, First, Middle Initial) C. Rania Batrice Mailing Address 2505 W Country Club Dr S Apt 3 City Category/ Transaction ID: VNTQD9R9TV3 Apt 3 City Category/ Transaction ID: VNTQD9R9TV3 Apt 3 Category/ Transaction ID: VNTQD9R9TV3 Amount of Each Disbursement Category/ Transaction ID: VNTQD9R9TV3 Amount of Each Disbursement Category/ Transaction ID: VNTQD9R9TV3 Category/ Transaction ID: VNTQD9R9TV3 Amount of Each Disbursement Category/ Transaction ID: VNTQD9R9TV3 Category/ Transaction ID: VNTQD9R9TV8							erson for the purpose of soliciting contributions
A. SignaPay Mailing Address 105 Decker Ct Ste 650 City State Zip Code Inving TX 75062-2814 Purpose of Disbursement this Period Senate Primary City State Co 80516-4035 Purpose of Disbursement For 2014 Full Name (Last, First, Middle Initial) B. Political C.F.O.S., Inc. Mailing Address 2452 Vale Way City State Zip Code Erie CO 80516-4035 Purpose of Disbursement Accounting & Compliance Services Candidate Name Office Sought: House Disbursement For: 2014 Amount of Each Disbursement Sa. 60 Transaction ID: VNTQD9Q22R9 Date of Disbursement Accounting & Compliance Services Candidate Name Office Sought: House Disbursement For: 2014 Primary General Primary General Date of Disbursement this Period Transaction ID: VNTQD9R9TV3 Transaction ID: VNTQD9R9TV3 Amount of Each Disbursement this Period Transaction ID: VNTQD9R9TV3 Transaction ID: VNTQD9R9TV3 Amount of Each Disbursement For: 2014 Amount of Each Disbursement this Period Transaction ID: VNTQD9R9TV3 Transaction ID: VNTQD9R9TV3 Amount of Each Disbursement For: 2014 Category/ Type Date of Disbursement For: 2014 Amount of Each Disbursement For: 2014 Category/ Type Date of Disbursement For: 2014 Amount of Each Disbursement For: 2014 Category/ Type Office Sought: House Disbursement For: 2014 Amount of Each Disbursement For: 2014 Category/ Type Office Sought: House Disbursement For: 2014 Category/ Type Office Sought: House Disbursement For: 2014 Category/ Type Office Sought: House Disbursement For: 2014 Primary General Disbursement For: 2014 Category/ Type Office Sought: House Disbursement For: 2014 Primary General Disbursement For: 2014 Category/ Type Office Sought: House Disbursement For: 2014 Primary General Disbursement For: 2014 Category/ Type Office Sought: House Disbursement For: 2014 Amount of Each Disbursement For: 2014 Category/ Type Office Sought: House Disbursement For: 2014 Category/ Type Office Sought: House Disbursement For: 2014 Amount of Each Disbursement For: 2014 Category/ Type Office Sought: House D			, ,				
Mailing Address 105 Decker Ct Site 650 City State Zip Code Inving TX 75062-2814 Purpose of Disbursement Invince Type of Disbursement Invince Type of Disbursement For: 2014 State: Disbursement For: 2014 President Disbursement For: 2014 B. Political C.F.O.S., Inc. Mailing Address 2452 Vale Way City State Zip Code Erie CO 80516-4035 Purpose of Disbursement For: 2014 Amount of Each Disbursement Invince Type Date of Disbursement Invince Type Amount of Each Disbursement Invince Type Tansaction ID: VNTQD9QZ2R9 Date of Disbursement Accounting & Compliance Services Cardidate Name Office Sought: House Disbursement For: 2014 Senate Primary General Other (specify) Transaction ID: VNTQD9R9TV3 Date of Disbursement Invince Type Transaction ID: VNTQD9R9TV3 Date of Disbursement Invince Type Transaction ID: VNTQD9R9TV3 Amount of Each Disbursement Invince Type Transaction ID: VNTQD9R9TV3 Transaction ID: VNTQD9R9TV3 Transaction ID: VNTQD9R9TV3 Transaction ID: VNTQD9R9TV3 Amount of Each Disbursement Category/ Type Date of Disbursement Category/ Type Office Sought: House Disbursement For: 2014 Amount of Each Disbursement Category/ Type Transaction ID: VNTQD9R9V68	Α.	, ,	First, Middle Initial)				
Fiving		Mailing Address					
Merchant Fees Candidate Name Office Sought: House Senate Primary Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Rania Batrice Mailing Address 2505 W Country Club Dr S Apt 3 City Fargo ND State Zip Code Category/ Type Other (specify) Date of Disbursement this Period Transaction ID: VNTQD9R9TV3 Amount of Each Disbursement this Period Transaction ID: VNTQD9R9TV3 Amount of Each Disbursement this Period Transaction ID: VNTQD9R9TV3 Amount of Each Disbursement Mailing Address 2505 W Country Club Dr S Apt 3 City Fargo ND State Zip Code Fargo ND State Zip Code Category/ Type Office Sought: House Other (specify) State Zip Code Category/ Type Transaction ID: VNTQD9R9TV3					•		Amount of Each Disbursement this Period
Category/Type Office Sought: House Senate Primary General Primary State: District: Full Name (Last, First, Middle Initial) B. Political C.F.O.s., Inc. Mailing Address 2452 Vale Way City State Zip Code Erie CO 80516-4035 Purpose of Disbursement Accounting & Compliance Services Candidate Name Office Sought: House Disbursement For: 2014 State: District: Full Name (Last, First, Middle Initial) C. Rania Batrice Mailing Address 2505 W Country Club Dr S Apt 3 City State Zip Code President Other (specify) Date of Disbursement this Period Transaction ID: VNTQD9R9TV3 Date of Disbursement To: 2500.00 Transaction ID: VNTQD9R9TV3 Amount of Each Disbursement this Period Date of Disbursement this Period Transaction ID: VNTQD9R9TV3 Amount of Each Disbursement Category/ Type Date of Disbursement Amount of Each Disbursement Category/ Type Transaction ID: VNTQD9R9V68 Transaction ID: VNTQD9R9V68			ursement				
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Full Name (Last, First, Middle Initial) C. Rania Batrice Mailing Address 2505 W Country Club Dr S Apt 3 City Fargo Purpose of Disbursement Reimbursement Candidate Name Office Sought: House Senate President Primary Other (specify) Date of Disbursement Amount of Each Disbursement this Period Category/ Type Transaction ID: VNTQD9R9V68			Senate President	Primary	X General		
C. Rania Batrice Mailing Address 2505 W Country Club Dr S Apt 3 City State Zip Code Fargo ND 58103-5753 Purpose of Disbursement Reimbursement Candidate Name Candidate Name Category/ Type Office Sought: House Disbursement For: 2014 Senate Primary General Other (specify) Date of Disbursement Amount of Each Disbursement this Period Category/ Type Transaction ID: VNTQD9R9V68	_						
Mailing Address 2505 W Country Club Dr S Apt 3 City State Zip Code Fargo ND 58103-5753 Purpose of Disbursement Reimbursement Candidate Name Category/ Type Office Sought: House Senate President Disbursement For: 2014 Primary General Other (specify) 12 12 2014 Amount of Each Disbursement this Period Category/ Type Transaction ID: VNTQD9R9V68	C.	•	•				
City State Zip Code Fargo ND 58103-5753 Purpose of Disbursement Reimbursement Candidate Name Category/ Type Office Sought: House Senate President President Disbursement For: 2014 Primary General Other (specify) Amount of Each Disbursement this Period Category/ Type Transaction ID: VNTQD9R9V68							
Reimbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) Primary Other (specify) Transaction ID: VNTQD9R9V68		City State Zip Code			Amount of Each Disbursement this Period		
Category/ Type Office Sought: House Disbursement For: 2014 Senate Primary General Other (specify)	Purpose of Disbursement Reimbursement						
Senate Primary General President Other (specify)							TRANSACTION ID . VIET QUARTETO
State: District:		Office Sought:	Senate	Primary	X General		
		State:	District:				

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

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

3194.85

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SCHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 OF 24 (check only one)
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 17 18 19a 19b 20a 20b 20c 21
Any information copied from such Reports and Statements r or for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full)		
Sinner for Congress		
Full Name (Last, First, Middle Initial) American Federal Bank		Date of Disbursement
		12 12 2014
Mailing Address PO Box 790408		12 12 2014
City State Saint Louis MO	Zip Code	Amount of Each Disbursement this Period
Saint Louis MO Purpose of Disbursement	63179-0408	45.15
Interest		Transaction ID : VNTQD9R9V91
Candidate Name	Category, Type	
Office Sought: House Disbursement Fo	1	[MEMO ITEM]
Senate Primary	General	
President Other (specify)	
State: District: Full Name (Last, First, Middle Initial)		
Office Max		Date of Disbursement
Mailing Address 4360 13th Ave S		12 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State	Zip Code	Amount of Each Disbursement this Period
Fargo ND Purpose of Disbursement	58103-3310	80.60
Office Supples		Transaction ID : VNTQD9R9VB7
Candidate Name	Category, Type	
Office Sought: House Disbursement Fo		*
Senate Primary President Other (s	General	
State: District:	11	
Full Name (Last, First, Middle Initial)		
Sunmart Foods		Date of Disbursement
Mailing Address 3175 25th St S		12 / D D / Y Y Y Y Y 12 12 2014
,	ip Code	Amount of Each Disbursement this Period
Fargo ND 5 Purpose of Disbursement	58103-6171	148.62
Postage		
Candidate Name	Category, Type	
Office Sought: House Disbursement Fo	r: 2014	[MEMO ITEM] *
Senate Primary		
State: District: Other (s	specity)	
SUBTOTAL of Disbursements This Page (optional)		0.00

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

S

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate sche for each category Detailed Summary	edule(s) (of the	PAGE 7 OF 24 (check only one) X 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name an	s may not be sold or u	sed by any poical committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Sinner for Congress			
Full Name (Last, First, Middle Initial) Vonage Mailing Address 23 Main St			Date of Disbursement 12
City State Holmdel NJ Purpose of Disbursement Telephones Candidate Name	Zip Code 07733-2136	Category/ Type	Amount of Each Disbursement this Period 41.19 Transaction ID: VNTQD9R9VG7 [MEMO ITEM]
State: District:			*
Full Name (Last, First, Middle Initial) Rania Batrice Mailing Address 2505 W Country Club Dr S Apt 3			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Fargo ND Purpose of Disbursement Reimbursement Candidate Name	Zip Code 58103-5753	Category/ Type	Amount of Each Disbursement this Period 549.39 Transaction ID: VNTQD9R9V76
Office Sought: House Disbursement I			
Full Name (Last, First, Middle Initial) Sunmart Foods Mailing Address 3175 25th St S			Date of Disbursement M M / D D / Y Y Y Y Y Y Y 16 16 2014
City State Fargo ND Purpose of Disbursement Volunteer Food Candidate Name	Zip Code 58103-6171	Category/ Type	Amount of Each Disbursement this Period 32.93 Transaction ID: VNTQD9R9VR0 [MEMO ITEM]
Office Sought: House Disbursement If			*
SUBTOTAL of Disbursements This Page (optional)			549.39

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

ITEMIZED DISBURSEMENTS

PAGE 8 24 FOR LINE NUMBER: SCHEDULE B (FEC Form 3) Use separate schedule(s) (check only one) for each category of the X 17 18 19a 19b Detailed Summary Page 20a 20b 20c 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) Date of Disbursement USPS 2014 Mailing Address 4101 13th Ave S 12 16 City State Zip Code Amount of Each Disbursement this Period ND Fargo 58103-3342 Purpose of Disbursement Postage & Shipping 103.51 Transaction ID: VNTQD9R9VK0 Candidate Name Category/ Type [MEMO ITEM] Disbursement For: 2014 Office Sought: House **X** General Senate Primary Other (specify) President District: State: Full Name (Last, First, Middle Initial) Neill Goltz Date of Disbursement Mailing Address 1808 8th Ave 12 31 2014 City State Zip Code Amount of Each Disbursement this Period IA 50112-1523 Grinnell Purpose of Disbursement -747.96Stale Check Adjustment Transaction ID: VNTQD9R9V36 Candidate Name Category/ Type Disbursement For: Office Sought: House 2014 X General Senate Primary Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Hannah Johnson Mailing Address 1009 N 1st St 2014 City State Zip Code Amount of Each Disbursement this Period 58501-3519 **Bismarck** ND Purpose of Disbursement -224.00 Stale Check Adjustment Transaction ID: VNTQD9R9V50 Candidate Name Category/ Type Office Sought: House Disbursement For: 2014 X General Senate Primary President Other (specify) State: District:

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

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

-971.96

2772.28

1mage# 15970157755 PAGE 9 / 24

: 97 'A = G7 9 @ G5 B9 CI G'H9 LH F9 @ 5 H9 8 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A + N5 H+ C B

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.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

10

×	13a
	13h

24

Detailed Summary Page Transaction ID: VNVPNA4W941L NAME OF COMMITTEE (In Full) Sinner for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary George B Sinner General Mailing Address Other (specify) \blacktriangledown 1806 Rose Creek Dr S City State ZIP Code ND 58104-6829 Fargo Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 1056.55 0.00 1056.55 **TERMS** Date Incurred Date Due Interest Rate Secured: 20 ^M 05^M ž014 none ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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.

1mage# 15970157757 PAGE 11 / 24

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F 9 @ 5 H9 8 'HC' 5 'F 9 D C F H Z G7 < 98 I @ 'C F' + H9 A = N 5 H = C B

Form/Schedule: SC/10

Transaction ID: VNVPNA4W941L

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

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Detailed Summary Page Transaction ID: VNVPNA58CF9L NAME OF COMMITTEE (In Full) Sinner for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary George B Sinner General Mailing Address Other (specify) \blacktriangledown 1806 Rose Creek Dr S City State ZIP Code ND 58104-6829 Fargo Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 1340.88 0.00 1340.88 **TERMS** Date Incurred Date Due Interest Rate Secured: 22 ^M 05^M ž014 none ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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.

1mage# 15970157759 PAGE 13 / 24

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SC/10

Transaction ID: VNVPNA58CF9L

Mileage Log and Reimbursement Form March and April

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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AME OF COMMITTEE (In Full) Sinner for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) George B Sinner Mailing Address 1806 Rose Creek Dr S	
George B Sinner Mailing Address	Primary General Other (specify) ▼ de
	Other (specify) ▼
City State ZIP Coc	6829
Fargo ND 58104-6	
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
338.96	0.00 338.96
TERMS Date Incurred Date Due 07 01 7 2014	Interest Rate Secured: none % (apr)
List All Endorsers or Guarantors (if any) to Loan Source	Yes No
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:
UBTOTALS This Period This Page (optional)	338.96
COTALS This Period (last page in this line only)	

1mage# 15970157761 PAGE 15 / 24

: 97 'A = G7 9 @ G5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DC FHZ'G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SC/10

Transaction ID: VNVPNCAFYC5L

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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Detailed Summary Page Transaction ID: VNVPNCAFYD2L NAME OF COMMITTEE (In Full) Sinner for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary George B Sinner General Mailing Address Other (specify) 1806 Rose Creek Dr S City State ZIP Code ND 58104-6829 Fargo Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 911.07 0.00 911.07 **TERMS** Date Incurred Date Due Interest Rate Secured: 01 ^M 07^M ž014 none ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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.

1mage# 15970157763 PAGE 17 / 24

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F 9 @ 5 H9 8 'HC' 5 'F 9 D C F H Z G7 < 98 I @ 'C F' + H9 A = N 5 H = C B

Form/Schedule: SC/10

Transaction ID: VNVPNCAFYD2L

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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JAN5	Detailed Summary Page (Crieck only one) 13a 13b
AME OF COMMITTEE (In Full) Sinner for Congress	Transaction ID : VNVPNCAFYE0L
LOAN SOURCE Full Name (Last, First, Middle Initial) George B Sinner	[PERSONAL FUNDS] Election: 2014 Primary General
Mailing Address 1806 Rose Creek Dr S	Other (specify)
City State	ZIP Code
Fargo ND	58104-6829
Original Amount of Loan Cumulative Pay	yment To Date Balance Outstanding at Close of This Period
374.95	0.00 374.95
M M / D D / Y Y Y M M / D D	
07" 01 2014	none % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	Name of Familian
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
Carry outstanding balance only to LINE 3. Schedule D. for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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: 97 'A = G7 9 @ G B9 C I G'H9 L H'F 9 @ 5 H9 8 'HC' 5 'F 9 D C F H Z G7 < 98 I @ 'C F' + H9 A = N 5 H = C B

Form/Schedule: SC/10

Transaction ID : VNVPNCAFYE0L

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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Detailed Summary Page Transaction ID: VNVPNCAFYH4L NAME OF COMMITTEE (In Full) Sinner for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary George B Sinner General Mailing Address Other (specify) 1806 Rose Creek Dr S City State ZIP Code ND 58104-6829 Fargo Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 2500.40 0.00 2500.40 **TERMS** Date Incurred Date Due Interest Rate Secured: 01 ^M 07^M ž014 none ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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.

1mage# 15970157767 PAGE 21 / 24

: 97 'A = G7 9 @ G5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SC/10

Transaction ID: VNVPNCAFYH4L

Mileage Log and Reimbursement Form for May and June

Use separate schedule(s) for each category of the

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(check only one) Detailed Summary Page Transaction ID: VNVPNCAFZ44L NAME OF COMMITTEE (In Full) Sinner for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary George B Sinner General Mailing Address Other (specify) 1806 Rose Creek Dr S City State ZIP Code ND 58104-6829 Fargo Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 1104.32 0.00 1104.32 **TERMS** Date Incurred Date Due Interest Rate Secured: 01 ^M 07^M ž014 none ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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.

1mage# 15970157769 PAGE 23 / 24

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F 9 @ 5 H9 8 'HC' 5 'F 9 D C F H Z G7 < 98 I @ 'C F' + H9 A = N 5 H = C B

Form/Schedule: SC/10

Transaction ID : VNVPNCAFZ44L

Mileage Log and Reimbursement Form for staff reimbursement of Buick Fills

SCHEDULE D (FEC Form 3) **DEBTS AND OBLIGATIONS**

Excluding Loans

(Use separate schedule(s) for each numbered line)

24 OF PAGE FOR LINE NUMBER: (check only one)

	9
X	10

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Sinner for Congress		
A. Full Name (Last, First, Middle Initial) of Debtor Putnam Partners	Nature of Debt (Purpose): Media production expense	
Mailing Address 1100 Vermont Ave NW Ste 1200		
City State	Zip Code	
Washington	DC 20005-6334	
Outstanding Balance Beginning This Period		Transaction ID: VNRRX9H6HK2
1575.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.0	00 1575.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):
Political C.F.O.s., Inc.		Accounting & Compliance Services
Mailing Address 2452 Vale Way		
City State Erie	Zip Code CO 80516-4035	
Outstanding Balance Beginning This Period 0.00		Transaction ID: VNRRX9H6VH8
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
2755.40	0.0	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
Amount incured this renou	Tayment This Feriod	Cutstanding Balance at Glose of This Feriod
9 9 9	7 7	
SUBTOTALS This Period This Page (optional)		> 4330.40
TOTALS This Period (last page this line number only)		• 4330.40
TOTAL OUTSTANDING LOANS from Schedule C (last page only)		> 7627.13
ADD 2) and 3) and carry forward to appropriate	ly) ▶ 11957.53	