

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 3. IS THIS REPORT NEW (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 MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY 11/25/2014 through MM/DD/YYYY 12/31/2014

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 MM/DD/YYYY 07/06/2015

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Sinner 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))....	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	897219.70
(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	895783.44
8. Cash on Hand at Close of Reporting Period (from Line 27).....	15238.05	
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).....	10382.53	

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)

Write or Type Committee Name

Sinner for Congress

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

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).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	0.00	0.00
(b) Political Party Committees.....	0.00	6771.00
(c) Other Political Committees (such as PACs).....	0.00	138177.50
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	144948.50
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(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
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	25.00	1436.26
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	25.00	146384.76

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2712.83	897219.70
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	21524.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	2712.83	921524.14

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	17925.88
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	25.00
25. SUBTOTAL (add Line 23 and Line 24).....	17950.88
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).....	15238.05

**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 5 OF 10			
	<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)
Sinner for Congress

Full Name (Last, First, Middle Initial) A. SignaPay		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address 105 Decker Ct Ste 650		Amount of Each Disbursement this Period 36.60
City Irving	State TX Zip Code 75062-2814	
Purpose of Disbursement Merchant Fees	Category/Type	Transaction ID : VNTQD9QZ2R9
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Political C.F.O.s., Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2014
Mailing Address 2452 Vale Way		Amount of Each Disbursement this Period 2500.00
City Erie	State CO Zip Code 80516-4035	
Purpose of Disbursement Accounting & Compliance Services	Category/Type	Transaction ID : VNTQD9R9TV3
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Rania Batrice		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address 2505 W Country Club Dr S Apt 3		Amount of Each Disbursement this Period 658.25
City Fargo	State ND Zip Code 58103-5753	
Purpose of Disbursement Reimbursement	Category/Type	Transaction ID : VNTQD9R9V68
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3194.85
TOTAL 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 6 OF 10	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Sinner for Congress

Full Name (Last, First, Middle Initial) A. American Federal Bank		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 45.15
City Saint Louis	State MO	
Zip Code 63179-0408	Purpose of Disbursement Interest	Transaction ID : VNTQD9R9V91
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) B. Office Max		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address 4360 13th Ave S		Amount of Each Disbursement this Period 80.60
City Fargo	State ND	
Zip Code 58103-3310	Purpose of Disbursement Office Supplies	Transaction ID : VNTQD9R9VB7
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) c. Sunmart Foods		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address 3175 25th St S		Amount of Each Disbursement this Period 148.62
City Fargo	State ND	
Zip Code 58103-6171	Purpose of Disbursement Postage	Transaction ID : VNTQD9R9VC5
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL 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 7 OF 10			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Sinner for Congress

Full Name (Last, First, Middle Initial) A. Vonage		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address 23 Main St		Amount of Each Disbursement this Period 41.19
City Holmdel	State NJ	
Zip Code 07733-2136	Purpose of Disbursement Telephones	Transaction ID : VNTQD9R9VG7
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) B. Rania Batrice		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2014
Mailing Address 2505 W Country Club Dr S Apt 3		Amount of Each Disbursement this Period 549.39
City Fargo	State ND	
Zip Code 58103-5753	Purpose of Disbursement Reimbursement	Transaction ID : VNTQD9R9V76
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Sunmart Foods		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2014
Mailing Address 3175 25th St S		Amount of Each Disbursement this Period 32.93
City Fargo	State ND	
Zip Code 58103-6171	Purpose of Disbursement Volunteer Food	Transaction ID : VNTQD9R9VR0
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	549.39
TOTAL 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 8 OF 10			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Sinner for Congress

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2014
Mailing Address 4101 13th Ave S		Amount of Each Disbursement this Period 103.51
City Fargo	State ND	
Zip Code 58103-3342	Purpose of Disbursement Postage & Shipping	Transaction ID : VNTQD9R9VK0
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) B. Neill Goltz		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address 1808 8th Ave		Amount of Each Disbursement this Period -747.96
City Grinnell	State IA	
Zip Code 50112-1523	Purpose of Disbursement State Check Adjustment	Transaction ID : VNTQD9R9V36
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Hannah Johnson		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address 1009 N 1st St		Amount of Each Disbursement this Period -224.00
City Bismarck	State ND	
Zip Code 58501-3519	Purpose of Disbursement State Check Adjustment	Transaction ID : VNTQD9R9V50
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	-971.96
TOTAL This Period (last page this line number only).....	2772.28

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFH`G7 <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 D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Sinner for Congress

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

Mailing Address 1806 Rose Creek Dr S

City State Zip Code
 Fargo ND 58104-6829

Nature of Debt (Purpose):
 Travel Reimbursement

Outstanding Balance Beginning This Period	Transaction ID : VNRRX9H6WB4	
7627.13		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	7627.13

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Political C.F.O.s., Inc.

Mailing Address 2452 Vale Way

City State Zip Code
 Erie CO 80516-4035

Nature of Debt (Purpose):
 Accounting & Compliance Services

Outstanding Balance Beginning This Period	Transaction ID : VNRRX9H6VH8	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
2755.40	0.00	2755.40

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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)	10382.53
2) TOTALS This Period (last page this line number only)	10382.53
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	10382.53