

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

Check if different than previously reported. (ACC)

Bismarck

ND

58502

2. FEC IDENTIFICATION NUMBER ▼

C C00504704

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

ND

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
01 / 01 / 2014

through

M M / D D / Y Y Y Y
03 / 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 Christopher M. Marston

Signature of Treasurer Christopher M. Marston

[Electronically Filed]

Date

M M / D D / Y Y Y Y
04 / 14 / 2014

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

Write or Type Committee Name
Cramer for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2014 To: M M / D D / Y Y Y Y 03 / 31 / 2014

	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))....	269562.27	760113.59
(b) Total Contribution Refunds (from Line 20(d))	0.00	10015.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	269562.27	750098.59
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	56701.23	348300.71
(b) Total Offsets to Operating Expenditures (from Line 14).....	251.80	2252.13
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	56449.43	346048.58
8. Cash on Hand at Close of Reporting Period (from Line 27).....	504576.97	
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).....	3621.20	

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

Cramer 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).....	192469.04	397432.04
(ii) Unitemized.....	18593.23	78181.55
(iii) TOTAL of contributions from individuals ▶	211062.27	475613.59
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	58500.00	284500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	269562.27	760113.59
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.)	251.80	2252.13
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)..... ▶	269814.07	762365.72

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	56701.23	348300.71
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	10015.00
(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	10015.00
21. OTHER DISBURSEMENTS	1300.00	9300.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	58001.23	367615.71

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	292764.13
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	269814.07
25. SUBTOTAL (add Line 23 and Line 24).....	562578.20
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	58001.23
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	504576.97

**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 5 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)
LYNN AAS

Mailing Address 2905 ELK DR APT 320
UKCC120201

City State Zip Code
MINOT ND 58701-5661

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1200.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 27 / 2014

Transaction ID : SA11.3992

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ROSEMARY ACKLEY

Mailing Address P.O. BOX 2043

City State Zip Code
FARGO ND 58107-2043

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

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 06 / 2014

Transaction ID : SA11.4363

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WARREN ACKLEY

Mailing Address 16 BROADWAY N

City State Zip Code
FARGO ND 58102-5237

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

Name of Employer Occupation
GLOBAL DEVELOPMENT MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 06 / 2014

Transaction ID : SA11.4364

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

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

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

6200.00

**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 6 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
ASHLIE ANDERSON

Mailing Address **PO BOX 849**

City **WILLISTON** State **ND** Zip Code **58802-0849**

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

Name of Employer **LINDALE PIPELINE LLC** Occupation **ADMINISTRATIVE ASSISTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.4394

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ASHLIE ANDERSON

Mailing Address **PO BOX 849**

City **WILLISTON** State **ND** Zip Code **58802-0849**

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

Name of Employer **LINDALE PIPELINE LLC** Occupation **ADMINISTRATIVE ASSISTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.4394B

Amount of Each Receipt this Period
-2600.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

C. Full Name (Last, First, Middle Initial)
ASHLIE ANDERSON

Mailing Address **PO BOX 849**

City **WILLISTON** State **ND** Zip Code **58802-0849**

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

Name of Employer **LINDALE PIPELINE LLC** Occupation **ADMINISTRATIVE ASSISTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.4395

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

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

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

2600.00

**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 7 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

Full Name (Last, First, Middle Initial) CHRIS ANDERSON		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address P.O. BOX 849		Transaction ID : SA11.4393
City WILLISTON	State ND	Zip Code 58802-0849
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer SELECT ENERGY/LINDALE PIPELINE	Occupation OIL FIELD	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) CHRIS ANDERSON		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address P.O. BOX 849		Transaction ID : SA11.4393B
City WILLISTON	State ND	Zip Code 58802-0849
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period -2600.00	
Name of Employer SELECT ENERGY/LINDALE PIPELINE	Occupation OIL FIELD	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	[MEMO ITEM] REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial) CHRIS ANDERSON		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address P.O. BOX 849		Transaction ID : SA11.4396
City WILLISTON	State ND	Zip Code 58802-0849
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer SELECT ENERGY/LINDALE PIPELINE	Occupation OIL FIELD	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	[MEMO ITEM] REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional).....	2600.00
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 8 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
MIKE ARMSTRONG

Mailing Address P.O. BOX 1999

City State Zip Code
DICKINSON ND 58602-1999

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

Name of Employer Occupation
ARMSTRONG CORPORATION PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.4344

Amount of Each Receipt this Period
5200.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MIKE ARMSTRONG

Mailing Address P.O. BOX 1999

City State Zip Code
DICKINSON ND 58602-1999

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

Name of Employer Occupation
ARMSTRONG CORPORATION PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.4344B

Amount of Each Receipt this Period
-5100.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

C. Full Name (Last, First, Middle Initial)
MIKE ARMSTRONG

Mailing Address P.O. BOX 1999

City State Zip Code
DICKINSON ND 58602-1999

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

Name of Employer Occupation
ARMSTRONG CORPORATION PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.4429

Amount of Each Receipt this Period
5100.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

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

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

5200.00

**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 9 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
CONNIE ARMSTRONG

Mailing Address 709 PALM BEACH ROAD

City DICKINSON State ND Zip Code 58601-7307

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.4430

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MIKE ARMSTRONG

Mailing Address P.O. BOX 1999

City DICKINSON State ND Zip Code 58602-1999

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

Name of Employer ARMSTRONG CORPORATION Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.4431

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
REP. RICK BERG

Mailing Address P.O. BOX 9394

City FARGO State ND Zip Code 58106-9394

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.4317

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

6100.00

**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 10 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
MARY ALICE A. BERGAN

Mailing Address **311 11TH AVENUE S**

City **FARGO** State **ND** Zip Code **58103-2856**

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

Name of Employer **FARGO ASSEMBLY** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 20 / 2014

Transaction ID : SA11.4254

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RON O. BERGAN

Mailing Address **311 11TH AVENUE S
311 11 AVE S #301**

City **FARGO** State **ND** Zip Code **58103-2856**

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

Name of Employer **FARGO ASSEMBLY COMPANY** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 20 / 2014

Transaction ID : SA11.4255

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
KAREN BJELLA

Mailing Address **3465 GALLATIN DRIVE
3465 GALLATIN DRIVE**

City **BISMARCK** State **ND** Zip Code **58504-8994**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
550.00

Date of Receipt
 M M / D D / Y Y Y Y
02 / 28 / 2014

Transaction ID : SA11.4015

Amount of Each Receipt this Period
400.00
 CONTRIBUTION

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

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

5600.00

**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 11 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

Full Name (Last, First, Middle Initial) SHELLY BOTSFORD		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 384 80TH ST		Transaction ID : SA11.4097
City BISMARCK	State ND	Zip Code 58501-8603
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00 CONTRIBUTION	
Name of Employer SELF	Occupation NURSE PRACTITIONER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) BEAU BOULTER		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 6932 FAIRFAX DR SUITE 204		Transaction ID : SA11.4195
City ARLINGTON	State VA	Zip Code 22213-1030
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00 CONTRIBUTION	
Name of Employer BEAU BOULTER	Occupation PRINCIPAL	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) ACE BRANDT		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address P.O. BOX 230		Transaction ID : SA11.4298
City FARGO	State ND	Zip Code 58107-0230
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5200.00 CONTRIBUTION	
Name of Employer BRANDT HOLDINGS	Occupation PRES/CHAIRMAN OF THE BOARD	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

SUBTOTAL of Receipts This Page (optional).....	6450.00
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 12 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

Full Name (Last, First, Middle Initial) ACE BRANDT		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 28 / 2014
Mailing Address P.O. BOX 230		Transaction ID : SA11.4298B
City FARGO	State ND	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -2600.00
Name of Employer BRANDT HOLDINGS	Occupation PRES/CHAIRMAN OF THE BOARD	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	[MEMO ITEM] REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial) ACE BRANDT		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 28 / 2014
Mailing Address P.O. BOX 230		Transaction ID : SA11.4403
City FARGO	State ND	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer BRANDT HOLDINGS	Occupation PRES/CHAIRMAN OF THE BOARD	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	[MEMO ITEM] REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial) DALE BROWN		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 05 / 2014
Mailing Address 737 HILANDIA DR. STE B		Transaction ID : SA11.4105
City BATON ROUGE	State LA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer DALE BROWN ENTERPRISES	Occupation MOTIVATIONAL SPEAKER	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

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: (check only one)	PAGE 13 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
JAMES T. BROWN

Mailing Address 2990 E 17TH APT 2205

City DENVER State CO Zip Code 80206-1678

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

Name of Employer WHITING PETROLEUM Occupation MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.4320

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JODY BURGUM

Mailing Address PO BOX 206

City ARTHUR State ND Zip Code 58006-0206

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

Name of Employer ARTHUR COMPANIES, INC. Occupation BUSINESS OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014

Transaction ID : SA11.4381

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RICK BURGUM

Mailing Address P.O. BOX 206

City ARTHUR State ND Zip Code 58006-0206

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

Name of Employer THE ARTHUR CO Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2900.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014

Transaction ID : SA11.4382

Amount of Each Receipt this Period
 2400.00

CONTRIBUTION

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

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

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

5500.00

**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 14 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

Full Name (Last, First, Middle Initial) RICK BURGUM		Date of Receipt M M / D D / Y Y Y Y 02 / 20 / 2014
Mailing Address P.O. BOX 206		Transaction ID : SA11.4382B
City ARTHUR	State ND	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -300.00
Name of Employer THE ARTHUR CO	Occupation OWNER	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2900.00	[MEMO ITEM] REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC) REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial) RICK BURGUM		Date of Receipt M M / D D / Y Y Y Y 02 / 20 / 2014
Mailing Address P.O. BOX 206		Transaction ID : SA11.4384
City ARTHUR	State ND	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer THE ARTHUR CO	Occupation OWNER	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2900.00	[MEMO ITEM] REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial) CRAIG BURNS		Date of Receipt M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address P.O. BOX 1161 UKCC120201		Transaction ID : SA11.4020
City BISMARCK	State ND	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer CROWLEY, FLECK PLLP	Occupation TITLE EXAMINER	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2850.00	

SUBTOTAL of Receipts This Page (optional).....	2600.00
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 118
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
CRAIG BURNS

Mailing Address P.O. BOX 1161
UKCC120201

City BISMARCK State ND Zip Code 58502-1161

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

Name of Employer CROWLEY, FLECK PLLP Occupation TITLE EXAMINER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2850.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2014

Transaction ID : SA11.4020B

Amount of Each Receipt this Period
 -250.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
CRAIG BURNS

Mailing Address P.O. BOX 1161
UKCC120201

City BISMARCK State ND Zip Code 58502-1161

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

Name of Employer CROWLEY, FLECK PLLP Occupation TITLE EXAMINER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2850.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2014

Transaction ID : SA11.4175

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
GREGORY F. BUTLER SR.

Mailing Address 114 BEATON DR W
UKCC120201

City WEST FARGO State ND Zip Code 58078-2657

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

Name of Employer GREMADA INDUSTRIES, INC. Occupation BUSINESS OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2014

Transaction ID : SA11.4044

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

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

1000.00

**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 16 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
DR. JOSEPH CARLSON

Mailing Address **9515 SIBLEY DRIVE**

City **BISMARCK** State **ND** Zip Code **58504-3073**

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

Name of Employer **BONE & JOINT CENTER** Occupation **ORTHOPEDIC SURGEON**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
02 / 28 / 2014

Transaction ID : SA11.4025

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LOREN CARSON

Mailing Address **1839 HOUSTON DRIVE
UKCC120201**

City **BISMARCK** State **ND** Zip Code **58504-7206**

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

Name of Employer **BASIN ELECTRIC POWER** Occupation **CORPORATE PILOT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.4329

Amount of Each Receipt this Period
400.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DONNA CHRISTIANSON

Mailing Address **P.O. BOX 1864
701 4TH AVE N UKCC120206**

City **FARGO** State **ND** Zip Code **58107-1864**

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

Name of Employer **BEVERAGE WHOLESALERS** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11.4367

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

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

1900.00

**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 17 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
RANDY CHRISTIANSON

Mailing Address P.O. BOX 1864
701 4TH AVE N UKKC120206

City FARGO State ND Zip Code 58107-1864

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

Name of Employer BEVERAGE WHOLESALERS INC. Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11.4368

Amount of Each Receipt this Period
 1600.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JOHN D. COUGHLIN

Mailing Address P.O. BOX 1273
605 37TH AVE SE

City MINOT State ND Zip Code 58702-1273

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

Name of Employer COUGHLIN CONSTRUCTION Occupation CONTRACTOR/DEVELOPER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 05 / 2014

Transaction ID : SA11.4095

Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

SEE REATTRIBUTION

C. Full Name (Last, First, Middle Initial)
JOHN D. COUGHLIN

Mailing Address P.O. BOX 1273
605 37TH AVE SE

City MINOT State ND Zip Code 58702-1273

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

Name of Employer COUGHLIN CONSTRUCTION Occupation CONTRACTOR/DEVELOPER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.4095B

Amount of Each Receipt this Period
 -400.00
 CONTRIBUTION

[MEMO ITEM]
 REATTRIBUTION TO SPOUSE

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

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

3100.00

**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 18 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
LESLIE COUGHLIN

Mailing Address P.O. BOX 1273
605 37TH AVE SE

City State Zip Code
MINOT ND 58702-1273

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

Name of Employer Occupation
COUGHLIN CONSTRUCTION VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.4323

Amount of Each Receipt this Period
400.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

B. Full Name (Last, First, Middle Initial)
DON DABBERT

Mailing Address 5522 36TH ST S

City State Zip Code
FARGO ND 58104-6784

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

Name of Employer Occupation
DABBERT CUSTOM HOMES HOME BUILDER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 17 / 2014

Transaction ID : SA11.4201

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ANN DAHL

Mailing Address 2308 27TH AVENUE S

City State Zip Code
FARGO ND 58103-5449

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

Name of Employer Occupation
CHRISTIAN FAMILY LIFE SOCIAL WORKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11.4399

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

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

1000.00

**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 19 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

Full Name (Last, First, Middle Initial) HOWARD DAHL		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2014	
Mailing Address 2308 27TH AVENUE S UKCC120201		Transaction ID : SA11.4400	
City FARGO State ND Zip Code 58103-5449	Amount of Each Receipt this Period 2100.00 CONTRIBUTION		
FEC ID number of contributing federal political committee. C	Name of Employer AMITY TECHNOLOGY, LLC Occupation BUSINESS OWNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) CRYSTAL DEWING		Date of Receipt M M / D D / Y Y Y Y 02 / 28 / 2014	
Mailing Address P.O. BOX 446		Transaction ID : SA11.4021	
City WILTON State ND Zip Code 58579-0446	Amount of Each Receipt this Period 250.00 CONTRIBUTION		
FEC ID number of contributing federal political committee. C	Name of Employer HOMEMAKER Occupation HOMEMAKER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) KURT DOERR		Date of Receipt M M / D D / Y Y Y Y 02 / 22 / 2014	
Mailing Address 15 VIKING DR UKKC120204		Transaction ID : SA11.3952	
City ENGLEWOOD State CO Zip Code 80113-7055	Amount of Each Receipt this Period 500.00 CONTRIBUTION		
FEC ID number of contributing federal political committee. C	Name of Employer EOG RESOURCES Occupation EXEC VICE PRESIDENT & GENERAL MANAC		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	2850.00
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 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
HIRAM DRACHE

Mailing Address 311 11TH AVE S

City FARGO State ND Zip Code 58103-2856

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

Name of Employer RETIRED Occupation SELF-EMPLOYED AUTHOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 18 / 2014

Transaction ID : SA11.4205

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BRUCE EDWARDS

Mailing Address 4712 29TH ST SE

City MANDAN State ND Zip Code 58554-4765

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.4313

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JACK EKSTROM

Mailing Address 1700 BROADWAY, STE 2300

City DENVER State CO Zip Code 80290-1703

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

Name of Employer WHITING PETROLEUM Occupation EXECUTIVE DIRECTOR INVESTOR RELATIC

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 22 / 2014

Transaction ID : SA11.3950

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

1600.00

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

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

FOR LINE NUMBER: PAGE 21 OF 118
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
CHARLES ELLEFSON

Mailing Address **PO BOX 128**
330 1ST ST

City **MILNOR** State **ND** Zip Code **58060-0128**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
02 / 26 / 2014

Transaction ID : SA11.3986

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
F. TROY EVANS

Mailing Address **PO BOX 28187**

City **SPOKANE** State **WA** Zip Code **99228-8187**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFC** Occupation **INFORMATION REQUESTED PER BEST EFFC**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 20 / 2014

Transaction ID : SA11.4267

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FRED W. EVANS

Mailing Address **4949 TRIPLE T RD**

City **STANLEY** State **ND** Zip Code **58784-9557**

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

Name of Employer **SELF** Occupation **RANCH/OIL**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
02 / 12 / 2014

Transaction ID : SA11.3873

Amount of Each Receipt this Period
10400.00
 CONTRIBUTION

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

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

11500.00

**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 22 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
FRED W. EVANS

Mailing Address 4949 TRIPLE T RD

City State Zip Code
STANLEY ND 58784-9557

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

Name of Employer Occupation
SELF RANCH/OIL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 12 / 2014

Transaction ID : SA11.3873B

Amount of Each Receipt this Period
-2600.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

B. Full Name (Last, First, Middle Initial)
FRED W. EVANS

Mailing Address 4949 TRIPLE T RD

City State Zip Code
STANLEY ND 58784-9557

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

Name of Employer Occupation
SELF RANCH/OIL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 12 / 2014

Transaction ID : SA11.4169

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

C. Full Name (Last, First, Middle Initial)
FRED W. EVANS

Mailing Address 4949 TRIPLE T RD

City State Zip Code
STANLEY ND 58784-9557

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

Name of Employer Occupation
SELF RANCH/OIL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 12 / 2014

Transaction ID : SA11.4168

Amount of Each Receipt this Period
7800.00

CONTRIBUTION

**[MEMO ITEM]
SEE REATTRIBUTION**

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

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

0.00

**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 23 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
FRED W. EVANS

Mailing Address 4949 TRIPLE T RD

City State Zip Code
STANLEY ND 58784-9557

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

Name of Employer Occupation
SELF RANCH/OIL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 12 / 2014

Transaction ID : SA11.4168B

Amount of Each Receipt this Period
-5200.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION TO SPOUSE

B. Full Name (Last, First, Middle Initial)
JOYCE EVANS

Mailing Address 4949 TRIPLE T RD

City State Zip Code
STANLEY ND 58784-9557

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

Name of Employer Occupation
SELF EMPLOYED FARMER/RANCHER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 12 / 2014

Transaction ID : SA11.4170

Amount of Each Receipt this Period
5200.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC) REATTRIBUTION FROM SPOUSE

C. Full Name (Last, First, Middle Initial)
JOYCE EVANS

Mailing Address 4949 TRIPLE T RD

City State Zip Code
STANLEY ND 58784-9557

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

Name of Employer Occupation
SELF EMPLOYED FARMER/RANCHER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 12 / 2014

Transaction ID : SA11.4170B

Amount of Each Receipt this Period
-2600.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC) REDESIGNATION TO GENERAL

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

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

0.00

**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 24 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
JOYCE EVANS

Mailing Address 4949 TRIPLE T RD

City State Zip Code
STANLEY ND 58784-9557

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

Name of Employer Occupation
SELF EMPLOYED FARMER/RANCHER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 12 / 2014

Transaction ID : SA11.4173

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

B. Full Name (Last, First, Middle Initial)
CAROL EVERT

Mailing Address 9406 HARPERS COURT NE

City State Zip Code
BLAINE MN 55449-6755

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 20 / 2014

Transaction ID : SA11.4264

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MICHEAL FISHER

Mailing Address 10591 HWY 10

City State Zip Code
DICKINSON ND 58601-9568

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

Name of Employer Occupation
THE FISHER GROUP CONSULTANT/CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 28 / 2014

Transaction ID : SA11.4060

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 25 OF 118
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
MIKE T. FITZMAURICE

Mailing Address **P.O. BOX 3086**
322 8TH AVENUE SE

City **MINOT** State **ND** Zip Code **58702-3086**

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

Name of Employer **SELF** Occupation **OIL & GAS EXPLORATION**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 11 / 2014

Transaction ID : SA11.4159

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MARK D. FOSS

Mailing Address **4501 WHITE SPRUCE RD**
UKCC120201

City **BISMARCK** State **ND** Zip Code **58503-9285**

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

Name of Employer **BASIN ELECTRIC** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
02 / 27 / 2014

Transaction ID : SA11.4000

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JEFF FRANKHAUSER

Mailing Address **9322 ISLAND RD**
UKCC120201

City **BISMARCK** State **ND** Zip Code **58503-9231**

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

Name of Employer **SELF** Occupation **INVESTMENT ADVISER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
02 / 26 / 2014

Transaction ID : SA11.3968

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

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

2850.00

**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 26 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

Full Name (Last, First, Middle Initial) BRUCE W. FURNESS		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014
Mailing Address 311 11TH AVE S #202		Transaction ID : SA11.4311
City FARGO	State ND	Zip Code 58103-2856
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) ALAN GERHARDT		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 20 / 2014
Mailing Address 16198 GLADYS LANE		Transaction ID : SA11.4266
City MINNETONKA	State MN	Zip Code 55345-2810
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer KRAUS ANDERSON	Occupation COO	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) BRUCE Q. GJOVIG		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 07 / 2014
Mailing Address 111 N 3RD ST UNIT 2013 UKCC120201		Transaction ID : SA11.4143
City GRAND FORKS	State ND	Zip Code 58203-3757
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer UND	Occupation ENTREPRENEUR AND COACH	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 550.00	

SUBTOTAL of Receipts This Page (optional).....	1250.00
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 27 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
PATRICK G. GORES

Mailing Address **PO BOX 9378**
UKCC120201

City **FARGO** State **ND** Zip Code **58106-9378**

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

Name of Employer **NORTHWESTERN MUTUAL FINANCIAL NETV** Occupation **MANAGING PARTNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
02 / 26 / 2014

Transaction ID : SA11.3963

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ARLENE GRAN

Mailing Address **200 PRAIRIEWOOD DR S**
UKKC120206

City **FARGO** State **ND** Zip Code **58103-4613**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
02 / 27 / 2014

Transaction ID : SA11.3997

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LEE A. GRANQUIST

Mailing Address **21521 BIRCHWOODE CIRCLE**

City **CEDAR** State **MN** Zip Code **55011-9663**

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

Name of Employer **LARSON ENGINEERING** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 20 / 2014

Transaction ID : SA11.4259

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

750.00

**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 28 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. JOHN HAYDON		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 139 PONDEROSA RD		Transaction ID : SA11.4315	
City RIVER FALLS	State WI	Amount of Each Receipt this Period 1000.00 CONTRIBUTION	
Zip Code 54022-5626			
FEC ID number of contributing federal political committee. C			
Name of Employer KRAUS-ANDERSON CONSTRUCTION CO.	Occupation VICE PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) B. EUGENE HOLEN		Date of Receipt M M / D D / Y Y Y Y 02 / 26 / 2014	
Mailing Address P.O. BOX 73 UKCC120201		Transaction ID : SA11.3972	
City ARNEGARD	State ND	Amount of Each Receipt this Period 100.00 CONTRIBUTION	
Zip Code 58835-0073			
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation HIGH SCHOOL TEACHER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		

Full Name (Last, First, Middle Initial) C. BOB JANNSEN		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 22845 HENNA AVE N		Transaction ID : SA11.4316	
City FOREST LAKE	State MN	Amount of Each Receipt this Period 250.00 CONTRIBUTION	
Zip Code 55025-8549			
FEC ID number of contributing federal political committee. C			
Name of Employer KRAUSE-ANDERSON	Occupation ASSISTANT PROJECT MANAGER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	1350.00
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 29 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
RICHARD R. JORDAHL

Mailing Address 4301 RIVERWOOD DR N

City State Zip Code
FARGO ND 58102-5324

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

Name of Employer Occupation
JORDAHL CUSTOM HOMES INC CONTRACTOR/PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 22 / 2014

Transaction ID : SA11.3947

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RICHARD R. JORDAHL

Mailing Address 4301 RIVERWOOD DR N

City State Zip Code
FARGO ND 58102-5324

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

Name of Employer Occupation
JORDAHL CUSTOM HOMES INC CONTRACTOR/PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 22 / 2014

Transaction ID : SA11.3947B

Amount of Each Receipt this Period
-2600.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

C. Full Name (Last, First, Middle Initial)
RICHARD R. JORDAHL

Mailing Address 4301 RIVERWOOD DR N

City State Zip Code
FARGO ND 58102-5324

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

Name of Employer Occupation
JORDAHL CUSTOM HOMES INC CONTRACTOR/PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 22 / 2014

Transaction ID : SA11.4401

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

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

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

2600.00

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

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

FOR LINE NUMBER: PAGE 30 OF 118
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
SINDY KELLER

Mailing Address 6294 13TH CIRCLE S
UKKC120206

City FARGO State ND Zip Code 58104-7236

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

Name of Employer BRANDT HOLDINGS Occupation ACCOUNTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11.4280

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GEORGE W. KEMPER

Mailing Address 940 13TH AVENUE SE
UKKC120203

City MINOT State ND Zip Code 58701-2708

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

Name of Employer KEMPER CONSTRUCTION Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 02 / 2014

Transaction ID : SA11.4069

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JAMES KERIAN

Mailing Address 46 W 16TH STREET
46 WEST 16TH STREET UKCC120201

City GRAFTON State ND Zip Code 58237-2011

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

Name of Employer KERIAN MACHINES Occupation ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11.4278

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

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

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

3200.00

**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 31 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. DONALD KESSEL		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 515 N SAM HOUS PKWY E STE 485 UKKC120204		Transaction ID : SA11.4282
City HOUSTON State TX Zip Code 77060-4000	Amount of Each Receipt this Period 5200.00 CONTRIBUTION	
FEC ID number of contributing federal political committee. C	Name of Employer MUREX PETROLEUM Occupation VP	Amount of Each Receipt this Period 5200.00 CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) B. DONALD KESSEL		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 515 N SAM HOUS PKWY E STE 485 UKKC120204		Transaction ID : SA11.4282B
City HOUSTON State TX Zip Code 77060-4000	Amount of Each Receipt this Period -2600.00 CONTRIBUTION	
FEC ID number of contributing federal political committee. C	Name of Employer MUREX PETROLEUM Occupation VP	Amount of Each Receipt this Period -2600.00 CONTRIBUTION [MEMO ITEM] REDESIGNATION TO GENERAL
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) C. DONALD KESSEL		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 515 N SAM HOUS PKWY E STE 485 UKKC120204		Transaction ID : SA11.4413
City HOUSTON State TX Zip Code 77060-4000	Amount of Each Receipt this Period 2600.00 CONTRIBUTION	
FEC ID number of contributing federal political committee. C	Name of Employer MUREX PETROLEUM Occupation VP	Amount of Each Receipt this Period 2600.00 CONTRIBUTION [MEMO ITEM] REDESIGNATION FROM PRIMARY
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

SUBTOTAL of Receipts This Page (optional).....	5200.00
TOTAL This Period (last page this line number only).....	5200.00

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

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

FOR LINE NUMBER: PAGE 32 OF 118
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
CONNIE KINNOIN

Mailing Address 7890 51ST STREET NW

City State Zip Code
STANLEY ND 58784-9092

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

Name of Employer Occupation
SELF FARMING

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 12 / 2014

Transaction ID : SA11.3877

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DOUGLAS KINNOIN

Mailing Address 7890 51ST STREET NW
7890 51 ST NW

City State Zip Code
STANLEY ND 58784-9092

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

Name of Employer Occupation
SELF FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 24 / 2014

Transaction ID : SA11.3861

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LARRY KROMAREK

Mailing Address 2941 N 19TH ST

City State Zip Code
BISMARCK ND 58503-5310

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 12 / 2014

Transaction ID : SA11.4190

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

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

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

3600.00

**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 33 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
HANK LABORE

Mailing Address **PO BOX 236**
9350 27THAVENUE

City **SELFRIDGE** State **ND** Zip Code **58568-0236**

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

Name of Employer **STANDING ROCK SCHOOL** Occupation **SPEECH THERAPIST SLPA**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.4322

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BRIAN LASH

Mailing Address **46 BIRMINGHAM PARKWAY**
UKCC120201

City **BOSTON** State **MA** Zip Code **02135-1115**

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

Name of Employer **TARGET LOGISTICS** Occupation **CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11.4300

Amount of Each Receipt this Period
3000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BRIAN LASH

Mailing Address **46 BIRMINGHAM PARKWAY**
UKCC120201

City **BOSTON** State **MA** Zip Code **02135-1115**

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

Name of Employer **TARGET LOGISTICS** Occupation **CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11.4300B

Amount of Each Receipt this Period
-400.00
 CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

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

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

3250.00

**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 34 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

Full Name (Last, First, Middle Initial) BRIAN LASH		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 46 BIRMINGHAM PARKWAY UKCC120201		Transaction ID : SA11.4407
City BOSTON	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer TARGET LOGISTICS	Occupation CEO	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00	[MEMO ITEM] REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial) HERBERT LEVIN		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 724 E GRINNELL DR		Transaction ID : SA11.4198
City BURBANK	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer DEPT. OF JUSTICE STATE OF CALIFORNIA	Occupation LAWYER	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) CLARICE LIECHTY		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address P.O. BOX 467 PO BOX 467, 511 8TH STREET SW UKCC		Transaction ID : SA11.4140
City JAMESTOWN	State ND	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SELF	Occupation FARMER/REAL ESTATE INVESTOR	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

SUBTOTAL of Receipts This Page (optional).....	575.00
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 35 OF 118
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 11e 15

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
GEORGE B. LONG

Mailing Address **609 EAST STREET**

City **BOTTINEAU** State **ND** Zip Code **58318-1427**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
02 / 27 / 2014

Transaction ID : SA11.4007

Amount of Each Receipt this Period
125.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WILLIAM L. MATTHAEI

Mailing Address **1762 CHARLESWOOD ESTATES DR**

City **WEST FARGO** State **ND** Zip Code **58078-4200**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 15 / 2014

Transaction ID : SA11.3845

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RICHARD MCCONN

Mailing Address **1301 DOLLEY MADISON BLVD
UKKC120204**

City **MCLEAN** State **VA** Zip Code **22101-3912**

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

Name of Employer **M INTERNATIONAL INC** Occupation **CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11.4281

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

2125.00

**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 36 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
JAMES MELCHIOR

Mailing Address 3113 CHILSHOLM TRAIN

City BISMARCK State ND Zip Code 58503-

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

Name of Employer NORTH AMERICAN COAL CORP. Occupation LAND MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **900.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : SA11.4019

Amount of Each Receipt this Period
400.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BRADLEY I. MILLER

Mailing Address 820 PROSPECT POINT
UKCC120201

City BISMARCK State ND Zip Code 58501-2473

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

Name of Employer FRONT ST MILLWORK & LUMBER Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : SA11.4042

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BRADLEY I. MILLER

Mailing Address 820 PROSPECT POINT
UKCC120201

City BISMARCK State ND Zip Code 58501-2473

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

Name of Employer FRONT ST MILLWORK & LUMBER Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11.4388

Amount of Each Receipt this Period
4700.00
 CONTRIBUTION

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

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

5600.00

**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 37 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
BRADLEY I. MILLER

Mailing Address 820 PROSPECT POINT
UKCC120201

City BISMARCK State ND Zip Code 58501-2473

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

Name of Employer FRONT ST MILLWORK & LUMBER Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11.4388B

Amount of Each Receipt this Period
-2600.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
BRADLEY I. MILLER

Mailing Address 820 PROSPECT POINT
UKCC120201

City BISMARCK State ND Zip Code 58501-2473

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

Name of Employer FRONT ST MILLWORK & LUMBER Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11.4390

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
KATHY MILLER

Mailing Address 820 PROSPECT POINT

City BISMARCK State ND Zip Code 58501-2473

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11.4387

Amount of Each Receipt this Period
5200.00

CONTRIBUTION

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

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

5200.00

**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 38 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

Full Name (Last, First, Middle Initial) KATHY MILLER		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 28 / 2014
Mailing Address 820 PROSPECT POINT		Transaction ID : SA11.4387B
City BISMARCK	State Zip Code ND 58501-2473	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -2600.00
Name of Employer NONE	Occupation HOMEMAKER	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	[MEMO ITEM] REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial) KATHY MILLER		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 28 / 2014
Mailing Address 820 PROSPECT POINT		Transaction ID : SA11.4392
City BISMARCK	State Zip Code ND 58501-2473	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer NONE	Occupation HOMEMAKER	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	[MEMO ITEM] REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial) LAURIS MOLBERT		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 28 / 2014
Mailing Address 4484 OAKCREEK DRIVE S		Transaction ID : SA11.4273
City FARGO	State Zip Code ND 58104-6621	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer TMI HOSPITALITY	Occupation CEO	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

SUBTOTAL of Receipts This Page (optional).....	2600.00
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 39 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
MIKE MOORE

Mailing Address 3529 RASHTI COURT

City State Zip Code
FORT WORTH TX 76109-4510

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

Name of Employer Occupation
BROWN PRUITT LAWYER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3750.04

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 31 2014

Transaction ID : SA11.4319

Amount of Each Receipt this Period
1250.04
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MIKE MOORE

Mailing Address 3529 RASHTI COURT

City State Zip Code
FORT WORTH TX 76109-4510

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

Name of Employer Occupation
BROWN PRUITT LAWYER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3750.04

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 31 2014

Transaction ID : SA11.4319B

Amount of Each Receipt this Period
-1150.04
 CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

C. Full Name (Last, First, Middle Initial)
MIKE MOORE

Mailing Address 3529 RASHTI COURT

City State Zip Code
FORT WORTH TX 76109-4510

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

Name of Employer Occupation
BROWN PRUITT LAWYER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3750.04

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 31 2014

Transaction ID : SA11.4417

Amount of Each Receipt this Period
1150.04
 CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

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

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

1250.04

**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 40 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
JOHN W. MORRISON

Mailing Address 602 COLLINS CT
UKKC120204

City MANDAN State ND Zip Code 58554-2800

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

Name of Employer CROWLEY FLECK PLLP Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 28 / 2014

Transaction ID : SA11.4017

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LOIS MORTENSON

Mailing Address 808 11TH ST W

City WILLISTON State ND Zip Code 58801-4830

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2850.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 05 / 2014

Transaction ID : SA11.4109

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LOIS MORTENSON

Mailing Address 808 11TH ST W

City WILLISTON State ND Zip Code 58801-4830

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2850.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 05 / 2014

Transaction ID : SA11.4109B

Amount of Each Receipt this Period
 -250.00
 CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

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

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

500.00

**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 41 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. LOIS MORTENSON		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2014	
Mailing Address 808 11TH ST W		Transaction ID : SA11.4422	
City WILLISTON	State ND	Zip Code 58801-4830	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer NONE	Occupation HOMEMAKER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2850.00		
		[MEMO ITEM] REDESIGNATION FROM PRIMARY	

Full Name (Last, First, Middle Initial) B. STEVEN MORTENSON		Date of Receipt M M / D D / Y Y Y Y 01 / 12 / 2014	
Mailing Address 808 11TH ST W		Transaction ID : SA11.3809	
City WILLISTON	State ND	Zip Code 58801-4830	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer MORTENSON FARMS	Occupation OWNER CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3100.00		
		CONTRIBUTION	

Full Name (Last, First, Middle Initial) C. STEVEN MORTENSON		Date of Receipt M M / D D / Y Y Y Y 01 / 12 / 2014	
Mailing Address 808 11TH ST W		Transaction ID : SA11.3809B	
City WILLISTON	State ND	Zip Code 58801-4830	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -500.00	
Name of Employer MORTENSON FARMS	Occupation OWNER CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3100.00		
		[MEMO ITEM] REDESIGNATION TO GENERAL	

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 42 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
STEVEN MORTENSON

Mailing Address 808 11TH ST W

City WILLISTON State ND Zip Code 58801-4830

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

Name of Employer MORTENSON FARMS Occupation OWNER CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3100.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 12 / 2014

Transaction ID : SA11.3833

Amount of Each Receipt this Period
500.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

B. Full Name (Last, First, Middle Initial)
JOSEPH MURPHY

Mailing Address 20 SURREY LANE
UKCC120201

City TOPSFIELD State MA Zip Code 01983-1319

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

Name of Employer TARGET LOGISTICS Occupation MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11.4301

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
KREE NELSON

Mailing Address 6501 MISTY WATERS DR

City BISMARCK State ND Zip Code 58503-9300

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.4375

Amount of Each Receipt this Period
5200.00

CONTRIBUTION

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

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

6200.00

**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 43 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. KREE NELSON		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 6501 MISTY WATERS DR		Transaction ID : SA11.4375B	
City BISMARCK	State ND	Amount of Each Receipt this Period -2600.00	
Zip Code 58503-9300		CONTRIBUTION	
FEC ID number of contributing federal political committee. C		[MEMO ITEM] REDESIGNATION TO GENERAL	
Name of Employer NONE	Occupation HOMEMAKER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) B. KREE NELSON		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 6501 MISTY WATERS DR		Transaction ID : SA11.4380	
City BISMARCK	State ND	Amount of Each Receipt this Period 2600.00	
Zip Code 58503-9300		CONTRIBUTION	
FEC ID number of contributing federal political committee. C		[MEMO ITEM] REDESIGNATION FROM PRIMARY	
Name of Employer NONE	Occupation HOMEMAKER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) C. RICHARD NELSON		Date of Receipt M M / D D / Y Y Y Y 02 / 17 / 2014	
Mailing Address 10683 67TH ST NW UKKC120204		Transaction ID : SA11.3909	
City TIOGA	State ND	Amount of Each Receipt this Period 250.00	
Zip Code 58852-9008		CONTRIBUTION	
FEC ID number of contributing federal political committee. C			
Name of Employer SELF EMPLOYED	Occupation FARMER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	250.00

**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 44 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

Full Name (Last, First, Middle Initial) TROY NELSON		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 6501 MISTY WATERS DR		Transaction ID : SA11.4376	
City BISMARCK	State ND	Zip Code 58503-9300	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5200.00	
Name of Employer EDWARD JONES	Occupation FINANCIAL ADVISOR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) TROY NELSON		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 6501 MISTY WATERS DR		Transaction ID : SA11.4376B	
City BISMARCK	State ND	Zip Code 58503-9300	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -2600.00	
Name of Employer EDWARD JONES	Occupation FINANCIAL ADVISOR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

Full Name (Last, First, Middle Initial) TROY NELSON		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 6501 MISTY WATERS DR		Transaction ID : SA11.4378	
City BISMARCK	State ND	Zip Code 58503-9300	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer EDWARD JONES	Occupation FINANCIAL ADVISOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

SUBTOTAL of Receipts This Page (optional).....	5200.00
TOTAL This Period (last page this line number only).....	5200.00

**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 45 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
MRS. KATHLEEN NESET

Mailing Address 6853 102ND AVENUE NW
UKCC120201

City TIOGA State ND Zip Code 58852-9406

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

Name of Employer NESET CONSULTING Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11.4277

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. KATHLEEN NESET

Mailing Address 6853 102ND AVENUE NW
UKCC120201

City TIOGA State ND Zip Code 58852-9406

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

Name of Employer NESET CONSULTING Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11.4277B

Amount of Each Receipt this Period
 -2600.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

C. Full Name (Last, First, Middle Initial)
MRS. KATHLEEN NESET

Mailing Address 6853 102ND AVENUE NW
UKCC120201

City TIOGA State ND Zip Code 58852-9406

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

Name of Employer NESET CONSULTING Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11.4397

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

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

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

2600.00

**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 46 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

Full Name (Last, First, Middle Initial) BERNIE NESS		Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 1557 SOUTH UNIVERSITY DRIVE		Transaction ID : SA11.4372
City FARGO	State ND	Zip Code 58103-4169
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2600.00
Name of Employer RELIANCE AVIATION LLP	Occupation MANAGER	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) RHONDA NESS		Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 1557 SOUTH UNIVERSITY DRIVE		Transaction ID : SA11.4371
City FARGO	State ND	Zip Code 58103-4169
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2600.00
Name of Employer SELF	Occupation HOMEMAKER	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) DON NORDQUIST		Date of Receipt M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address P.O. BOX 935 UKKC120204		Transaction ID : SA11.4028
City BISMARCK	State ND	Zip Code 58502-0935
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer PETRO-HUNT, LLC	Occupation PETROLEUM LAND MAN	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

SUBTOTAL of Receipts This Page (optional).....	5450.00
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 47 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
DR. WILLIAM R. NOYES

Mailing Address **7025 16TH STREET SE**

City **GRAND FORKS** State **ND** Zip Code **58201-8342**

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

Name of Employer **CANCER CENTER OF ND** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 12 / 2014

Transaction ID : SA11.3874

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **11 WILLOWEND DR**

City **HOUSTON** State **TX** Zip Code **77024-7629**

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

Name of Employer **OASIS PETROLEUM** Occupation **PRESIDENT & CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 05 / 2014

Transaction ID : SA11.4106

Amount of Each Receipt this Period
5200.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
THOMAS NUSZ

Mailing Address **11 WILLOWEND DR**

City **HOUSTON** State **TX** Zip Code **77024-7629**

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

Name of Employer **OASIS PETROLEUM** Occupation **PRESIDENT & CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 05 / 2014

Transaction ID : SA11.4106B

Amount of Each Receipt this Period
-5200.00
 CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

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

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

5700.00

**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 48 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
THOMAS NUSZ

Mailing Address 11 WILLOWEND DR

City HOUSTON State TX Zip Code 77024-7629

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

Name of Employer OASIS PETROLEUM Occupation PRESIDENT & CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 05 / 2014

Transaction ID : SA11.4165

Amount of Each Receipt this Period
5200.00

CONTRIBUTION

**[MEMO ITEM]
SEE REATTRIBUTION**

B. Full Name (Last, First, Middle Initial)
TERRI NUSZ

Mailing Address 11 WILLOWEND DR

City HOUSTON State TX Zip Code 77024-7629

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 05 / 2014

Transaction ID : SA11.4166

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

**[MEMO ITEM]
REATTRIBUTION FROM SPOUSE**

C. Full Name (Last, First, Middle Initial)
THOMAS NUSZ

Mailing Address 11 WILLOWEND DR

City HOUSTON State TX Zip Code 77024-7629

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

Name of Employer OASIS PETROLEUM Occupation PRESIDENT & CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 05 / 2014

Transaction ID : SA11.4165B

Amount of Each Receipt this Period
-2600.00

CONTRIBUTION

**[MEMO ITEM]
REATTRIBUTION TO SPOUSE**

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

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

0.00

**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 49 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
LARRY NYGARD

Mailing Address 1802 ROSE CREEK DRIVE S

City FARGO State ND Zip Code 58104-6829

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

Name of Employer ROERS DEVELOPMENT Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11.4279

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BRENT C. OLSON

Mailing Address 618 HACKBERRY DR S
UKKC120204

City FARGO State ND Zip Code 58104-6216

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

Name of Employer SELF EMPLOYED Occupation VARIOUS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 22 / 2014

Transaction ID : SA11.3954

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BILL ONGSTAD

Mailing Address 4135 25TH STREET NE
4135 25 ST NE UKCC120201

City HARVEY State ND Zip Code 58341-8459

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

Name of Employer SELF Occupation FARMING

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
599.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 17 / 2014

Transaction ID : SA11.3907

Amount of Each Receipt this Period
 199.00
 CONTRIBUTION

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

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

5399.00

**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 50 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
BILL ONGSTAD

Mailing Address 4135 25TH STREET NE
4135 25 ST NE UKCC120201

City HARVEY State ND Zip Code 58341-8459

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

Name of Employer SELF Occupation FARMING

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
599.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11.4218

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JACK W. PARIS

Mailing Address 1919 FAR WEST DRIVE
UKCC120201

City BISMARCK State ND Zip Code 58504-8841

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

Name of Employer CODY OIL AND GAS Occupation LANDMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11.4289

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RICHARD PARRISH

Mailing Address 4000 139TH ST NE

City SURREY State ND Zip Code 58785-9590

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 02 / 2014

Transaction ID : SA11.4075

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

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

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

700.00

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

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

FOR LINE NUMBER: PAGE 51 OF 118
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
KIM PARSON
 Mailing Address 3407 GALLATIN DR
 UKCC120201
 City State Zip Code
BISMARCK ND 58504-8994
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
SELF LANDMAN
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
02 28 2014
Transaction ID : SA11.4023
 Amount of Each Receipt this Period
200.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KEITH PELTIER
 Mailing Address 361 EDGEWATER DRIVE
 City State Zip Code
WEST FARGO ND 58078-4248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
PROSEED INC GENERAL MANAGER
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
03 28 2014
Transaction ID : SA11.4275
 Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JOHN PIERCE
 Mailing Address 1423 10TH AVENUE E, UNIT #305
 1423 10TH AVE E
 City State Zip Code
WEST FARGO ND 58078-5209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
CONCORDIA COLLEGE SENIOR PLANNED GIVING OFFICER
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
03 18 2014
Transaction ID : SA11.4209
 Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

2200.00

**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 52 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
DR. TROY D. PIERCE

Mailing Address 4012 EDGEWATER PLACE SE

City MANDAN State ND Zip Code 58554-7968

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

Name of Employer BONE & JOINT CENTER Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 28 / 2014

Transaction ID : SA11.4024

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RACHELLE PRESZLER

Mailing Address 4802 INLET BAY DR

City MANDAN State ND Zip Code 58554-7960

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 28 / 2014

Transaction ID : SA11.4031

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
KENNETH P. REGAN

Mailing Address P.O. BOX 3145
UKCC120201

City FARGO State ND Zip Code 58108-3145

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

Name of Employer GOLDMARK PROPERTY MANAGEMENT Occupation GENERAL PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 07 / 2014

Transaction ID : SA11.4146

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

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

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

3350.00

**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 53 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. LU ANN REGAN		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2014	
Mailing Address P.O. BOX 3145		Transaction ID : SA11.4148	
City FARGO	State ND	Zip Code 58108-3145	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer GOLDMARK	Occupation BUSINESS OWNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) B. MICHAEL L. REGER		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 3565 FREDERICK AVE		Transaction ID : SA11.4326	
City WAYZATA	State MN	Zip Code 55391-9732	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer NORTHERN OIL & GAS INC.	Occupation CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. TAYLOR REID		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2014	
Mailing Address 402 SHADYWOOD RD UKCC120203		Transaction ID : SA11.4151	
City HOUSTON	State TX	Zip Code 77057-1420	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1600.00	
Name of Employer OASIS PETROLEUM	Occupation CHIEF OPERATING OFFICER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

SUBTOTAL of Receipts This Page (optional).....	4700.00
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 54 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
DEWEY B. ROBSON

Mailing Address 1200 HARWOOD DR S APT 312
UKCC120201

City FARGO State ND Zip Code 58104-6293

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
550.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : SA11.3993

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SEN. JIM P. ROERS

Mailing Address 4420 CARRIE ROSE LANE S
4420 CARRIE ROSE LN

City FARGO State ND Zip Code 58104-6818

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

Name of Employer ROERS INC. Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11.4370

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SANDRA ROERS

Mailing Address 4420 CARRIE ROSE LANE S

City FARGO State ND Zip Code 58104-6818

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
900.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11.4369

Amount of Each Receipt this Period
 900.00
 CONTRIBUTION

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

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

3750.00

**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 55 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. SHEILA SCHAFER		Date of Receipt M M / D D / Y Y Y Y 01 / 12 / 2014	
Mailing Address 1111 N 1ST ST APT 51 UKKC120204		Transaction ID : SA11.3815	
City BISMARCK State ND Zip Code 58501-3524	Amount of Each Receipt this Period 100.00 CONTRIBUTION		
FEC ID number of contributing federal political committee. C	Name of Employer RETIRED Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00		

Full Name (Last, First, Middle Initial) B. SHEILA SCHAFER		Date of Receipt M M / D D / Y Y Y Y 02 / 28 / 2014	
Mailing Address 1111 N 1ST ST APT 51 UKKC120204		Transaction ID : SA11.4045	
City BISMARCK State ND Zip Code 58501-3524	Amount of Each Receipt this Period 100.00 CONTRIBUTION		
FEC ID number of contributing federal political committee. C	Name of Employer RETIRED Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00		

Full Name (Last, First, Middle Initial) C. REP. DON SCHAIBLE		Date of Receipt M M / D D / Y Y Y Y 02 / 22 / 2014	
Mailing Address 9115 HIGHWAY 21		Transaction ID : SA11.3948	
City MOTT State ND Zip Code 58646-9200	Amount of Each Receipt this Period 250.00 CONTRIBUTION		
FEC ID number of contributing federal political committee. C	Name of Employer SELF EMPLOYED Occupation FARMER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	450.00
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 56 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
JOHN SCHMITZ

Mailing Address **PO BOX 819**

City **GAINESVILLE** State **TX** Zip Code **76241-0819**

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

Name of Employer **SELECT ENERGY SERVICES** Occupation **CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.4325

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JOHN SCHMITZ

Mailing Address **PO BOX 819**

City **GAINESVILLE** State **TX** Zip Code **76241-0819**

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

Name of Employer **SELECT ENERGY SERVICES** Occupation **CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.4325B

Amount of Each Receipt this Period
-2500.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

C. Full Name (Last, First, Middle Initial)
JOHN SCHMITZ

Mailing Address **PO BOX 819**

City **GAINESVILLE** State **TX** Zip Code **76241-0819**

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

Name of Employer **SELECT ENERGY SERVICES** Occupation **CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.4409

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

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

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

2600.00

**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 57 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
PASCHAL SCHMIDT

Mailing Address 415 S 14TH ST
UKCC120201

City BISMARCK State ND Zip Code 58504-5919

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

Name of Employer USPS Occupation CLERK

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 05 / 2014

Transaction ID : SA11.4115

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SANDY SCHMITZ

Mailing Address PO BOX 819

City GAINESVILLE State TX Zip Code 76241-0819

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5100.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.4327

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SANDY SCHMITZ

Mailing Address PO BOX 819

City GAINESVILLE State TX Zip Code 76241-0819

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5100.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.4327B

Amount of Each Receipt this Period
-2500.00
 CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

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

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

2700.00

**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 58 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
SANDY SCHMITZ

Mailing Address **PO BOX 819**

City **GAINESVILLE** State **TX** Zip Code **76241-0819**

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

Name of Employer **NONE** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5100.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.4411

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

B. Full Name (Last, First, Middle Initial)
RAYMOND SHARKEY

Mailing Address **545 3RD STREET E.**

City **WESTHOPE** State **ND** Zip Code **58793-4100**

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

Name of Employer **PEOPLES STATE BANK** Occupation **BANKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 05 / 2014

Transaction ID : SA11.4116

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DONALD SIVERTSON

Mailing Address **11702 34TH ST NW
UKCC120201**

City **WATFORD CITY** State **ND** Zip Code **58854-9628**

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

Name of Employer **SELF EMPLOYED** Occupation **RANCHING**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 12 / 2014

Transaction ID : SA11.4176

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

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

1250.00

**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 59 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
AARON SKARSGARD

Mailing Address P.O. BOX 294

City State Zip Code
STANLEY ND 58784-0294

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

Name of Employer Occupation
SELF FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 24 / 2014

Transaction ID : SA11.3862

Amount of Each Receipt this Period
1500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CRAIG C. SMITH

Mailing Address 4005 EDGEWATER PL SE

City State Zip Code
MANDAN ND 58554-7968

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

Name of Employer Occupation
CROWLEY FLECK ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2200.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 02 / 2014

Transaction ID : SA11.4084

Amount of Each Receipt this Period
2000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LEE SWANSON

Mailing Address BOX 148

City State Zip Code
FARGO ND 58107-0148

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

Name of Employer Occupation
SWANSON HEALTH PRODUCTS OWNER/PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5100.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 02 / 2014

Transaction ID : SA11.4087

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

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

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

6100.00

**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 60 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

Full Name (Last, First, Middle Initial) LEE SWANSON		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2014	
Mailing Address BOX 148		Transaction ID : SA11.4087B	
City FARGO	State ND	Zip Code 58107-0148	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____ -2500.00	
Name of Employer SWANSON HEALTH PRODUCTS	Occupation OWNER/PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 5100.00		
		CONTRIBUTION [MEMO ITEM] REDESIGNATION TO GENERAL	

Full Name (Last, First, Middle Initial) LEE SWANSON		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2014	
Mailing Address BOX 148		Transaction ID : SA11.4415	
City FARGO	State ND	Zip Code 58107-0148	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____ 2500.00	
Name of Employer SWANSON HEALTH PRODUCTS	Occupation OWNER/PRESIDENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 5100.00		
		CONTRIBUTION [MEMO ITEM] REDESIGNATION FROM PRIMARY	

Full Name (Last, First, Middle Initial) STEVE SWIONTEK		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2014	
Mailing Address 3645 JUNIPER CT S UKKC120204		Transaction ID : SA11.4257	
City FARGO	State ND	Zip Code 58104-7514	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____ 250.00	
Name of Employer GATE CITY BANK	Occupation PRESIDENT, CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		
		CONTRIBUTION	

SUBTOTAL of Receipts This Page (optional).....	_____ 250.00
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 61 OF 118
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 15

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
LLOYD O. THOMPSON

Mailing Address 311 11TH AVE S #102
UKCC120201

City FARGO State ND Zip Code 58103-2856

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 05 / 2014

Transaction ID : SA11.4117

Amount of Each Receipt this Period
200.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ENOCH THORSgard

Mailing Address 325 39TH ST NE

City NORTHWOOD State ND Zip Code 58267-9563

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

Name of Employer SELF Occupation FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 05 / 2014

Transaction ID : SA11.4108

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JULIE ANN THORSON

Mailing Address 4202 TIMBERLINE DRIVE S

City FARGO State ND Zip Code 58104-6640

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

Name of Employer RETREAT BOUTIQUE Occupation GENERAL MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
02 / 20 / 2014

Transaction ID : SA11.4404

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

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

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

3300.00

**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 62 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
RANDY THORSON

Mailing Address 4202 TIMBERLINE DRIVE S

City FARGO State ND Zip Code 58104-6640

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

Name of Employer PRESTO, OLD BROADWAY, CL SPORT Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2014

Transaction ID : SA11.4405

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JAMES J. VOLKER

Mailing Address 7 CIMARRON DR

City GREENWOOD VILLAGE State CO Zip Code 80121-1225

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

Name of Employer WHITING PETROLEUM Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 22 / 2014

Transaction ID : SA11.3959

Amount of Each Receipt this Period
 5000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JAMES J. VOLKER

Mailing Address 7 CIMARRON DR

City GREENWOOD VILLAGE State CO Zip Code 80121-1225

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

Name of Employer WHITING PETROLEUM Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 22 / 2014

Transaction ID : SA11.3959B

Amount of Each Receipt this Period
 -2400.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

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

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

7600.00

**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 63 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
JAMES J. VOLKER

Mailing Address 7 CIMARRON DR

City State Zip Code
GREENWOOD VILLAGE CO 80121-1225

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

Name of Employer Occupation
WHITING PETROLEUM CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 22 / 2014

Transaction ID : SA11.4419

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
ARLYN WADHOLM

Mailing Address 8951 32ND STREET NW

City State Zip Code
NEW TOWN ND 58763-9513

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
620.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 15 / 2014

Transaction ID : SA11.3887

Amount of Each Receipt this Period
220.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JON L. WANZEK

Mailing Address 421 HARWOOD DR S

City State Zip Code
FARGO ND 58104-6229

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

Name of Employer Occupation
SELF EMPLOYED EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 17 / 2014

Transaction ID : SA11.4196

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

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

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

2820.00

**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 64 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

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

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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.4328

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JAMES S. WIELAND

Mailing Address 4324 TIMBERLINE DR S
UKCC120201

City FARGO State ND Zip Code 58104-6634

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

Name of Employer GOLDMARK SCHLOSSMAN Occupation PRESIDENT/OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 18 / 2014

Transaction ID : SA11.4203

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ANN WILLIAMS

Mailing Address 4336 CARRIE ROSE LN S

City FARGO State ND Zip Code 58104-6818

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

Name of Employer SELF Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11.4365

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

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

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

4600.00

**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 65 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
BRADLEY S. WILLIAMS

Mailing Address 4336 CARRIE ROSE LN S
UKCC120201

City FARGO State ND Zip Code 58104-6818

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

Name of Employer LBW MANAGEMENT Occupation MEMBER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11.4366

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MARK WILLIAMS

Mailing Address 14300 CRABAPPLE RD

City GOLDEN State CO Zip Code 80401-1486

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

Name of Employer WHITING PETROLEUM CORP. Occupation SENIOR VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 22 / 2014

Transaction ID : SA11.3958

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

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

3600.00

192469.04

**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 66 OF 118
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
ACTION COMMITTEE FOR RURAL ELECTRIFICATION

Mailing Address 4301 WILSON BOULEVARD

City ARLINGTON State VA Zip Code 22203-1867

FEC ID number of contributing federal political committee. **C C00504704**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11.4284

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ALLIANT TECHSYSTEMS INC EMPLOYEE CITIZENSHIP FUND

Mailing Address 1300 WILSON BLVD STE 400

City ARLINGTON State VA Zip Code 22209-2307

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.4308

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION OF CROP INSURERS PAC

Mailing Address 1 MASSACHUSETTS AVE NW STE 800

City WASHINGTON State DC Zip Code 20001-1401

FEC ID number of contributing federal political committee. **C C00172833**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 12 / 2014

Transaction ID : SA11.3879

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

3000.00

**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 67 OF 118
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
ARCHER DANIELS MIDLAND COMPANY-ADM PAC

Mailing Address **PO BOX 1470**

City **DECATUR** State **IL** Zip Code **62525-1820**

FEC ID number of contributing federal political committee. **C C00093963**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **4000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 12 / 2014

Transaction ID : SA11.4187

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ASSOCIATED MILK PRODUCERS, INC. PAC

Mailing Address **PO BOX 455**

City **NEW ULM** State **MN** Zip Code **56073-0455**

FEC ID number of contributing federal political committee. **C C00330696**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 20 / 2014

Transaction ID : SA11.4262

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BASIN ELECTRIC POWER COOPERATIVE PAC

Mailing Address **1717 E. INTERSTATE AVE**

City **BISMARCK** State **ND** Zip Code **58503-0542**

FEC ID number of contributing federal political committee. **C C00220269**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 19 / 2014

Transaction ID : SA11.4248

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

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

3000.00

**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 68 OF 118
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
BLUE CROSS AND BLUE SHIELD ASSOCIATION PAC

Mailing Address 1310 G ST. NW 12TH FLOOR

City WASHINGTON State DC Zip Code 20005-3007

FEC ID number of contributing federal political committee. **C C00194746**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014

Transaction ID : SA11.3945

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
COALPAC, A POLITICAL ACTION COMMITTEE OF THE NATIONAL MINING

Mailing Address 101 CONSTITUTION AVE NW SUITE 500 EAST

City WASHINGTON State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C C00109819**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 20 / 2014

Transaction ID : SA11.3852

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address P.O. BOX 3206

City BISMARCK State ND Zip Code 58502-3206

FEC ID number of contributing federal political committee. **C C00493072**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.4340

Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

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

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

7000.00

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

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

FOR LINE NUMBER: PAGE 69 OF 118
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
DECPAC

Mailing Address 333 W SHERIDAN AVE

City State Zip Code
OKLAHOMA CITY OK 73102-5010

FEC ID number of contributing federal political committee. **C C00354753**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 22 / 2014

Transaction ID : SA11.3949

Amount of Each Receipt this Period
 1500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DORSEY NATIONAL FUND

Mailing Address 50 S 6TH ST, SUITE 1500

City State Zip Code
MINNEAPOLIS MN 55402-1498

FEC ID number of contributing federal political committee. **C C00018945**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 20 / 2014

Transaction ID : SA11.4270

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ELECTRICAL CONTRACTORS PAC

Mailing Address 3 BETHESDA METRO CENTER SUITE #110

City State Zip Code
BETHESDA MD 20814-6302

FEC ID number of contributing federal political committee. **C C00113811**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.4330

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

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

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

5000.00

**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 70 OF 118
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
FARM CREDIT PAC

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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 7000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11.4220

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
FARM CREDIT PAC

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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 7000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11.4221

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GENERAL ELECTRIC PAC

Mailing Address 1299 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20004-2400

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 31 / 2014

Transaction ID : SA11.3871

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

3500.00

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

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

FOR LINE NUMBER: PAGE 71 OF 118
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
GENERAL ELECTRIC PAC

Mailing Address 1299 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20004-2400

FEC ID number of contributing federal political committee. **C C00024869**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11.4285

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GREAT RIVER ENERGY ACTION TEAM (GREAT)

Mailing Address 15803 HOLDRIDGE RD

City WAYZATA State MN Zip Code 55391-2145

FEC ID number of contributing federal political committee. **C C00352674**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11.4253

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
HALLIBURTON COMPANY PAC

Mailing Address 10200 BELLAIRE BLVD

City HOUSTON State TX Zip Code 77072-5206

FEC ID number of contributing federal political committee. **C C00035691**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014

Transaction ID : SA11.3941

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

3000.00

**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 72 OF 118
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
INDEPENDENT COMMUNITY BANKERS PAC

Mailing Address 1615 L ST. N.W., STE. 900

City WASHINGTON State DC Zip Code 20036-5623

FEC ID number of contributing federal political committee. **C C00032698**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2014

Transaction ID : SA11.3930

Amount of Each Receipt this Period
 1000.00

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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2014

Transaction ID : SA11.4212

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

C. 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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2014

Transaction ID : SA11.4212B

Amount of Each Receipt this Period
 -500.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

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

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

3500.00

**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 73 OF 118
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. 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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 18 / 2014

Transaction ID : SA11.4433

Amount of Each Receipt this Period
500.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

B. Full Name (Last, First, Middle Initial)
LOCKHEED MARTIN EMPLOYEES PAC

Mailing Address 2121 CRYSTAL DRIVE, SUITE 100

City ARLINGTON State VA Zip Code 22202-3706

FEC ID number of contributing federal political committee. **C C00303024**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 28 / 2014

Transaction ID : SA11.4030

Amount of Each Receipt this Period
1000.00

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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 12 / 2014

Transaction ID : SA11.4189

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

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

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

3500.00

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

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

FOR LINE NUMBER: PAGE 74 OF 118
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. MINN-DAK FARMERS COOPERATIVE SUGAR PAC (MDSPAC)
 Full Name (Last, First, Middle Initial)
 Mailing Address 7525 RED RIVER RD
 City WAHPETON State ND Zip Code 58075-9705
 FEC ID number of contributing federal political committee. **C** C00164939
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 07 / 2014
Transaction ID : SA11.4152
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. MONSANTO CITIZENSHIP FUND
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 N LINDBERGH BLVD
 City ST LOUIS State MO Zip Code 63167-1000
 FEC ID number of contributing federal political committee. **C** C00042069
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 12 / 2014
Transaction ID : SA11.4192
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. NATIONAL ASSOCIATION OF HOME BUILDERS PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1201 15TH STREET NW
 City WASHINGTON State DC Zip Code 20005-2899
 FEC ID number of contributing federal political committee. **C** C00000901
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 20 / 2014
Transaction ID : SA11.4260
 Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

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

4000.00

**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 75 OF 118
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
NEWFIELD EXPLORATION COMPANY POLITICAL ACTION COMMITTEE (NEW

Mailing Address 4 WATERWAY SQUARE PLACE, SUITE 100

City THE WOODLANDS State TX Zip Code 77380-2764

FEC ID number of contributing federal political committee. **C** C00443523

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 06 / 2014

Transaction ID : SA11.4133

Amount of Each Receipt this Period
 1500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NORTH AMERICAN COAL

Mailing Address 5340 LEGACY DR.
BLDG. 1, STE. 300

City PLANO State TX Zip Code 75024-3141

FEC ID number of contributing federal political committee. **C** C00303685

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 28 / 2014

Transaction ID : SA11.4026

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NSSGA ROCKPAC

Mailing Address 1605 KING ST

City ALEXANDRIA State VA Zip Code 22314-2726

FEC ID number of contributing federal political committee. **C** C00089458

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 28 / 2014

Transaction ID : SA11.4032

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

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

5000.00

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

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

FOR LINE NUMBER: PAGE 76 OF 118
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
ONEOK EMPLOYEES PAC

Mailing Address PO BOX 871

City State Zip Code
TULSA OK 74102-0871

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11.4283

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
QEP RESOURCES INC PAC

Mailing Address 1050 17TH ST, SUITE 500

City State Zip Code
DENVER CO 80265-1050

FEC ID number of contributing federal political committee. **C C00485730**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2014

Transaction ID : SA11.3924

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RAIN AND HAIL INSURANCE SOCIETY PAC

Mailing Address 9200 NORTH PARK DR., SUITE 300

City State Zip Code
JOHNSTON IA 50131-3006

FEC ID number of contributing federal political committee. **C C00279505**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 20 / 2014

Transaction ID : SA11.3854

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

4500.00

**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 77 OF 118
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
TESORO PETROLEUM CORPORATION PAC

Mailing Address 19100 RIDGEWOOD PKWY

City State Zip Code
SAN ANTONIO TX 78259-1834

FEC ID number of contributing federal political committee. **C** C00358366

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.4304

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
UNITED TECHNOLOGIES CORPORATION PAC

Mailing Address 1101 PENNSYLVANIA AVE NW, 10TH FLO

City State Zip Code
WASHINGTON DC 20004-2566

FEC ID number of contributing federal political committee. **C** C00035683

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 12 / 2014

Transaction ID : SA11.4188

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
UNITED TECHNOLOGIES CORPORATION PAC

Mailing Address 1101 PENNSYLVANIA AVE NW, 10TH FLO

City State Zip Code
WASHINGTON DC 20004-2566

FEC ID number of contributing federal political committee. **C** C00035683

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 20 / 2014

Transaction ID : SA11.4261

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

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

4500.00

**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 78 OF 118
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
UNITED TECHNOLOGIES CORPORATION PAC

Mailing Address 1101 PENNSYLVANIA AVE NW, 10TH FLO

City WASHINGTON State DC Zip Code 20004-2566

FEC ID number of contributing federal political committee. **C** C00035683

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.4305

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WESTERN ENERGY ALLIANCE PAC

Mailing Address 410 17TH ST, STE 700

City DENVER State CO Zip Code 80202-4469

FEC ID number of contributing federal political committee. **C** C00426569

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 22 / 2014

Transaction ID : SA11.3956

Amount of Each Receipt this Period
 5000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WHITING PETROLEUM PAC

Mailing Address 1700 BROADWAY, STE. 2300

City DENVER State CO Zip Code 80290-1703

FEC ID number of contributing federal political committee. **C** C00481192

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 22 / 2014

Transaction ID : SA11.3955

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

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

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

8000.00

**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 79 OF 118
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
XCEL ENERGY EMPLOYEE POLITICAL ACTION COMMITTEE (XPAC)

Mailing Address 1800 LARIMER ST. SUITE 1600
City DENVER State CO Zip Code 80202-1408

FEC ID number of contributing federal political committee. **C** C00107771

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
Election Cycle-to-Date 2000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 20 / 2014
Transaction ID : SA11.4258

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

Amount of Each Receipt this Period

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	58500.00

**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 80 OF 118
	<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	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
DELTA

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1182.40

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 05 / 2014

Transaction ID : SA14.464

Amount of Each Receipt this Period
251.80

REFUND OF PURCHASE

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

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

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

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

251.80

251.80

**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 81 OF 118			
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. KEVIN J CRAMER			Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014		
Mailing Address 4256 HIGHCREEK RD			Amount of Each Disbursement this Period 1527.08		
City BISMARCK State ND Zip Code 58503	Purpose of Disbursement REIMBURSEMENT FOR NOV-DEC TRAVEL (SEE BELOW)		Transaction ID : SB17.I467		
Candidate Name		Category/Type			
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. KEVIN J CRAMER			Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2013		
Mailing Address 4256 HIGHCREEK RD			Amount of Each Disbursement this Period 66.00		
City BISMARCK State ND Zip Code 58503	Purpose of Disbursement PER DIEM		Transaction ID : SB17.I469		
Candidate Name		Category/Type			
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)		[MEMO ITEM] CRAMER 1/13		
State: District:					

Full Name (Last, First, Middle Initial) C. KEVIN J CRAMER			Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2013		
Mailing Address 4256 HIGHCREEK RD			Amount of Each Disbursement this Period 71.00		
City BISMARCK State ND Zip Code 58503	Purpose of Disbursement PER DIEM		Transaction ID : SB17.I471		
Candidate Name		Category/Type			
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)		[MEMO ITEM] CRAMER 1/13		
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	1527.08
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 82 OF 118			
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. KEVIN J CRAMER		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2013
Mailing Address 4256 HIGHCREEK RD		Amount of Each Disbursement this Period 46.00
City BISMARCK State ND Zip Code 58503	Purpose of Disbursement PER DIEM	
Candidate Name	Category/Type	Transaction ID : SB17.I472
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:		[MEMO ITEM] CRAMER 1/13

Full Name (Last, First, Middle Initial) B. KEVIN J CRAMER		Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2013
Mailing Address 4256 HIGHCREEK RD		Amount of Each Disbursement this Period 46.00
City BISMARCK State ND Zip Code 58503	Purpose of Disbursement PER DIEM	
Candidate Name	Category/Type	Transaction ID : SB17.I473
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:		[MEMO ITEM] CRAMER 1/13

Full Name (Last, First, Middle Initial) C. KEVIN J CRAMER		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2013
Mailing Address 4256 HIGHCREEK RD		Amount of Each Disbursement this Period 16.00
City BISMARCK State ND Zip Code 58503	Purpose of Disbursement PER DIEM	
Candidate Name	Category/Type	Transaction ID : SB17.I474
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:		[MEMO ITEM] CRAMER 1/13

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 83 OF 118			
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. KEVIN J CRAMER		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2013	
Mailing Address 4256 HIGHCREEK RD		Amount of Each Disbursement this Period 47.00	
City BISMARCK State ND Zip Code 58503	Purpose of Disbursement PER DIEM	Transaction ID : SB17.I480	
Candidate Name	Category/Type	[MEMO ITEM] CRAMER 1/13	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. KEVIN J CRAMER		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2013	
Mailing Address 4256 HIGHCREEK RD		Amount of Each Disbursement this Period 1130.08	
City BISMARCK State ND Zip Code 58503	Purpose of Disbursement MILEAGE REIMBURSEMENT	Transaction ID : SB17.I481	
Candidate Name	Category/Type	[MEMO ITEM] CRAMER 1/13	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. KEVIN J CRAMER		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014	
Mailing Address 4256 HIGHCREEK RD		Amount of Each Disbursement this Period 228.20	
City BISMARCK State ND Zip Code 58503	Purpose of Disbursement REIMBURSEMENT FOR Q4 NON-TRAVEL (SEE BELOW)	Transaction ID : SB17.I468	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional).....	228.20
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 84 OF 118	
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. SAM'S CLUB		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2013
Mailing Address 2821 ROCK ISLAND PLACE		Amount of Each Disbursement this Period 15.92
City BISMARCK	State ND Zip Code 58504	
Purpose of Disbursement EVENT SUPPLIES	Candidate Name	Transaction ID : SB17.I477
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] CRAMER 1/16

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 303 NORTH 4TH STREET		Amount of Each Disbursement this Period 14.34
City BISMARCK	State ND Zip Code 58501	
Purpose of Disbursement POSTAGE	Candidate Name	Transaction ID : SB17.I479
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] CRAMER 1/16

Full Name (Last, First, Middle Initial) C. KEVIN J CRAMER		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 4256 HIGHCREEK RD		Amount of Each Disbursement this Period 810.00
City BISMARCK	State ND Zip Code 58503	
Purpose of Disbursement TRAVEL PER DIEM EXXPENSE (21 DAYS)	Candidate Name	Transaction ID : SB17.I484
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] TRAVEL PER DIEM TO BE REIMBURSED

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 85 OF 118			
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. KEVIN J CRAMER		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 4256 HIGHCREEK RD		Amount of Each Disbursement this Period 2811.20
City BISMARCK	State ND	
Zip Code 58503	Purpose of Disbursement MILEAGE REIMBURSEMENT	Transaction ID : SB17.I485
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MILEAGE REIMBURSEMENT TO BE REIMBURSED
State: District:		

Full Name (Last, First, Middle Initial) B. KRIS CRAMER		Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2014
Mailing Address 4256 HIGHCREEK RD		Amount of Each Disbursement this Period 750.00
City BISMARCK	State ND	
Zip Code 58503	Purpose of Disbursement SALARY	Transaction ID : SB17.I393
Candidate Name	Category/Type	
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) C. KRIS CRAMER		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014
Mailing Address 4256 HIGHCREEK RD		Amount of Each Disbursement this Period 1500.00
City BISMARCK	State ND	
Zip Code 58503	Purpose of Disbursement SALARY	Transaction ID : SB17.I394
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	2250.00
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 86 OF 118			
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. KRIS CRAMER			Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014	
Mailing Address 4256 HIGHCREEK RD			Amount of Each Disbursement this Period 1500.00	
City BISMARCK	State ND	Zip Code 58503	Transaction ID : SB17.I395	
Purpose of Disbursement SALARY		Category/ Type		
Candidate Name				
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. KRIS CRAMER			Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014	
Mailing Address 4256 HIGHCREEK RD			Amount of Each Disbursement this Period 1500.00	
City BISMARCK	State ND	Zip Code 58503	Transaction ID : SB17.I396	
Purpose of Disbursement SALARY		Category/ Type		
Candidate Name				
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) C. KRIS CRAMER			Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014	
Mailing Address 4256 HIGHCREEK RD			Amount of Each Disbursement this Period 1500.00	
City BISMARCK	State ND	Zip Code 58503	Transaction ID : SB17.I397	
Purpose of Disbursement SALARY		Category/ Type		
Candidate Name				
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:				

SUBTOTAL of Disbursements This Page (optional).....	4500.00
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 87 OF 118			
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. KRIS CRAMER			Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014	
Mailing Address 4256 HIGHCREEK RD			Amount of Each Disbursement this Period 1500.00	
City BISMARCK	State ND	Zip Code 58503	Transaction ID : SB17.I398	
Purpose of Disbursement SALARY		Category/ Type		
Candidate Name				
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. KRIS CRAMER			Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014	
Mailing Address 4256 HIGHCREEK RD			Amount of Each Disbursement this Period 451.32	
City BISMARCK	State ND	Zip Code 58503	Transaction ID : SB17.I465	
Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT (SEE BELOW)		Category/ Type		
Candidate Name				
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) C. KRIS CRAMER			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2014	
Mailing Address 4256 HIGHCREEK RD			Amount of Each Disbursement this Period 129.92	
City BISMARCK	State ND	Zip Code 58503	Transaction ID : SB17.I458	
Purpose of Disbursement MILEAGE REIMBURSEMENT		Category/ Type		
Candidate Name				
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)		[MEMO ITEM] CRAMER 2/24 TRAVEL	
State: District:				

SUBTOTAL of Disbursements This Page (optional)	1951.32
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 88 OF 118			
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. KRIS CRAMER		Date of Disbursement MM / DD / YYYY 02 / 17 / 2014
Mailing Address 4256 HIGHCREEK RD		Amount of Each Disbursement this Period 128.80
City BISMARCK	State ND	
Zip Code 58503	Purpose of Disbursement MILEAGE REIMBURSEMENT	Transaction ID : SB17.I459
Candidate Name	Category/Type	
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)	[MEMO ITEM] CRAMER 2/24 TRAVEL
State: District:		

Full Name (Last, First, Middle Initial) B. KRIS CRAMER		Date of Disbursement MM / DD / YYYY 02 / 19 / 2014
Mailing Address 4256 HIGHCREEK RD		Amount of Each Disbursement this Period 117.60
City BISMARCK	State ND	
Zip Code 58503	Purpose of Disbursement MILEAGE REIMBURSEMENT	Transaction ID : SB17.I460
Candidate Name	Category/Type	
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)	[MEMO ITEM] CRAMER 2/24 TRAVEL
State: District:		

Full Name (Last, First, Middle Initial) C. KRIS CRAMER		Date of Disbursement MM / DD / YYYY 02 / 24 / 2014
Mailing Address 4256 HIGHCREEK RD		Amount of Each Disbursement this Period 75.00
City BISMARCK	State ND	
Zip Code 58503	Purpose of Disbursement PER DIEM (3 DAYS)	Transaction ID : SB17.I461
Candidate Name	Category/Type	
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)	[MEMO ITEM] CRAMER 2/24 TRAVEL
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 89 OF 118			
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. KRIS CRAMER			Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014		
Mailing Address 4256 HIGHCREEK RD			Amount of Each Disbursement this Period 75.57		
City BISMARCK	State ND	Zip Code 58503	Transaction ID : SB17.I466		
Purpose of Disbursement NON-TRAVEL REIMBURSMENT (SEE BELOW)		Category/ Type			
Candidate Name					
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. STAPLES			Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2014		
Mailing Address 840 S WASHINGTON			Amount of Each Disbursement this Period 57.08		
City BISMARCK	State ND	Zip Code 58504	Transaction ID : SB17.I462		
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type			
Candidate Name					
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) C. STAPLES			Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2014		
Mailing Address 840 S WASHINGTON			Amount of Each Disbursement this Period 6.14		
City BISMARCK	State ND	Zip Code 58504	Transaction ID : SB17.I463		
Purpose of Disbursement EVENT SUPPLIES		Category/ Type			
Candidate Name					
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:					

SUBTOTAL of Disbursements This Page (optional).....	75.57
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 90 OF 118			
	<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	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. RACHEL WEGNER			Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2014	
Mailing Address 5101 SUNLIGHT DR			Amount of Each Disbursement this Period 87.00	
City BISMARCK	State ND	Zip Code 58503	Transaction ID : SB17.I417	
Purpose of Disbursement SALARY		Category/ Type		
Candidate Name				
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. RACHEL WEGNER			Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014	
Mailing Address 5101 SUNLIGHT DR			Amount of Each Disbursement this Period 84.00	
City BISMARCK	State ND	Zip Code 58503	Transaction ID : SB17.I418	
Purpose of Disbursement SALARY		Category/ Type		
Candidate Name				
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) C. RACHEL WEGNER			Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014	
Mailing Address 5101 SUNLIGHT DR			Amount of Each Disbursement this Period 255.00	
City BISMARCK	State ND	Zip Code 58503	Transaction ID : SB17.I419	
Purpose of Disbursement SALARY		Category/ Type		
Candidate Name				
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:				

SUBTOTAL of Disbursements This Page (optional).....	426.00
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 91 OF 118			
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. RACHEL WEGNER			Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014	
Mailing Address 5101 SUNLIGHT DR			Amount of Each Disbursement this Period 132.45	
City BISMARCK	State ND	Zip Code 58503	Transaction ID : SB17.I420	
Purpose of Disbursement SALARY		Category/ Type		
Candidate Name				
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. RACHEL WEGNER			Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014	
Mailing Address 5101 SUNLIGHT DR			Amount of Each Disbursement this Period 124.95	
City BISMARCK	State ND	Zip Code 58503	Transaction ID : SB17.I421	
Purpose of Disbursement SALARY		Category/ Type		
Candidate Name				
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) C. RACHEL WEGNER			Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014	
Mailing Address 5101 SUNLIGHT DR			Amount of Each Disbursement this Period 255.00	
City BISMARCK	State ND	Zip Code 58503	Transaction ID : SB17.I422	
Purpose of Disbursement SALARY		Category/ Type		
Candidate Name				
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:				

SUBTOTAL of Disbursements This Page (optional).....	512.40
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 92 OF 118			
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 541 S 7TH ST		Amount of Each Disbursement this Period 270.64 Transaction ID : SB17.I358
City BISMARCK State ND Zip Code 58504	Purpose of Disbursement PHONE SERVICES	
Candidate Name	Category/Type	
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. AT&T		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 541 S 7TH ST		Amount of Each Disbursement this Period 266.40 Transaction ID : SB17.I359
City BISMARCK State ND Zip Code 58504	Purpose of Disbursement CELL PHONE SERVICE	
Candidate Name	Category/Type	
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) C. BEST BUY		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014
Mailing Address 7601 PENN AVE S		Amount of Each Disbursement this Period 211.99 Transaction ID : SB17.I360
City RICHFIELD State MN Zip Code 55423	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	749.03
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 93 OF 118			
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. BEST BUY			Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014	
Mailing Address 7601 PENN AVE S			Amount of Each Disbursement this Period 201.38	
City RICHFIELD	State MN	Zip Code 55423	Transaction ID : SB17.I361	
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type		
Candidate Name				
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. BEST BUY			Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014	
Mailing Address 7601 PENN AVE S			Amount of Each Disbursement this Period 52.95	
City RICHFIELD	State MN	Zip Code 55423	Transaction ID : SB17.I362	
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type		
Candidate Name				
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) C. CAPITAL CITY RESTAURANT SUPPLY			Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014	
Mailing Address 1414 INTERSTATE LOOP			Amount of Each Disbursement this Period 226.42	
City BISMARK	State ND	Zip Code 58503	Transaction ID : SB17.I364	
Purpose of Disbursement EVENT SUPPLIES		Category/ Type		
Candidate Name				
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: _____			

SUBTOTAL of Disbursements This Page (optional).....	480.75
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 94 OF 118			
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. CAPITOL HILL CLUB			Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014		
Mailing Address 300 1ST ST SE			Amount of Each Disbursement this Period 960.01		
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SB17.I365		
Purpose of Disbursement FOOD & BEVERAGE		Category/ Type			
Candidate Name					
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. CAPITOL HILL CLUB			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014		
Mailing Address 300 1ST ST SE			Amount of Each Disbursement this Period 478.62		
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SB17.I366		
Purpose of Disbursement FOOD & BEVERAGES		Category/ Type			
Candidate Name					
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) C. CAPITOL HILL CLUB			Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014		
Mailing Address 300 1ST ST SE			Amount of Each Disbursement this Period 498.44		
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SB17.I367		
Purpose of Disbursement FOOD & BEVERAGES		Category/ Type			
Candidate Name					
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:					

SUBTOTAL of Disbursements This Page (optional).....	1937.07
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 95 OF 118			
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. CAPITOL HILL CLUB			Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 300 1ST ST SE			Amount of Each Disbursement this Period 804.35 Transaction ID : SB17.I368
City WASHINGTON	State DC	Zip Code 20003	
Purpose of Disbursement FOOD & BEVERAGES		Candidate Name	Category/ Type
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. CAROL WIDMAN'S CANDY COMPANY			Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014
Mailing Address 4325 13TH AVE. S_X000D_OAK PARK P			Amount of Each Disbursement this Period 457.95 Transaction ID : SB17.I369
City FARGO	State ND	Zip Code 58103	
Purpose of Disbursement GIFTS FOR WORKERS		Candidate Name	Category/ Type
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) C. CASHMAN NURSERY			Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address 3400 E MAIN AVE			Amount of Each Disbursement this Period 245.81 Transaction ID : SB17.I370
City BISMARK	State ND	Zip Code 58501	
Purpose of Disbursement FUNDRAISING SUPPLIES		Candidate Name	Category/ Type
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:	

SUBTOTAL of Disbursements This Page (optional).....	804.35
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 96 OF 118			
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement											
A. CMDI		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>21</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	01		21		2014
M M	/	D D	/	Y Y Y Y									
01		21		2014									
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period											
City State Zip Code FALLS CHURCH VA 22043		<table border="1"> <tr> <td>825.00</td> </tr> </table>		825.00									
825.00													
Purpose of Disbursement DATABASE SERVICES		Transaction ID : SB17.I371											
Candidate Name		Category/Type											
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:											
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. CMDI		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>19</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	02		19		2014
M M	/	D D	/	Y Y Y Y									
02		19		2014									
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period											
City State Zip Code FALLS CHURCH VA 22043		<table border="1"> <tr> <td>825.00</td> </tr> </table>		825.00									
825.00													
Purpose of Disbursement DATABASE SERVICES		Transaction ID : SB17.I372											
Candidate Name		Category/Type											
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:											
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C. CMDI		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>19</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	03		19		2014
M M	/	D D	/	Y Y Y Y									
03		19		2014									
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period											
City State Zip Code FALLS CHURCH VA 22043		<table border="1"> <tr> <td>800.00</td> </tr> </table>		800.00									
800.00													
Purpose of Disbursement DATABASE SERVICES		Transaction ID : SB17.I373											
Candidate Name		Category/Type											
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:											
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											

SUBTOTAL of Disbursements This Page (optional).....	2450.00
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 97 OF 118		
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. CONGRESSIONAL INSTITUTE, THE		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 1700 DIAGONAL RD_X000D_SUITE 730		Amount of Each Disbursement this Period 1423.00 Transaction ID : SB17.I374
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement TRAVEL REIMBURSEMENT	
Candidate Name	Category/Type	
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. CREATSEND.COM		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 403/3-5 STAPLETON AVENUE		Amount of Each Disbursement this Period 1.34 Transaction ID : SB17.I375
City SYDNEY, AUSTRALIA State ZZ Zip Code 99999	Purpose of Disbursement EMAIL SERVICES	
Candidate Name	Category/Type	
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) C. CREATSEND.COM		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 403/3-5 STAPLETON AVENUE		Amount of Each Disbursement this Period 67.00 Transaction ID : SB17.I376
City SYDNEY, AUSTRALIA State ZZ Zip Code 99999	Purpose of Disbursement EMAIL SERVICES	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	1491.34
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 98 OF 118			
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. CREATSEND.COM			Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014	
Mailing Address 403/3-5 STAPLETON AVENUE			Amount of Each Disbursement this Period 67.00	
City SYDNEY, AUSTRALIA	State ZZ	Zip Code 99999	Transaction ID : SB17.I377	
Purpose of Disbursement EMAIL SERVICES		Category/ Type		
Candidate Name				
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. CREATSEND.COM			Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014	
Mailing Address 403/3-5 STAPLETON AVENUE			Amount of Each Disbursement this Period 1.34	
City SYDNEY, AUSTRALIA	State ZZ	Zip Code 99999	Transaction ID : SB17.I378	
Purpose of Disbursement EMAIL SERVICES		Category/ Type		
Candidate Name				
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) C. CREATSEND.COM			Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014	
Mailing Address 403/3-5 STAPLETON AVENUE			Amount of Each Disbursement this Period 67.00	
City SYDNEY, AUSTRALIA	State ZZ	Zip Code 99999	Transaction ID : SB17.I379	
Purpose of Disbursement EMAIL SERVICES		Category/ Type		
Candidate Name				
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:				

SUBTOTAL of Disbursements This Page (optional).....	135.34
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 99 OF 118			
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. CREATSEND.COM			Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014	
Mailing Address 403/3-5 STAPLETON AVENUE			Amount of Each Disbursement this Period 1.34	
City SYDNEY, AUSTRALIA	State ZZ	Zip Code 99999	Transaction ID : SB17.I380	
Purpose of Disbursement EMAIL SERVICES		Category/ Type		
Candidate Name				
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. DELTA			Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014	
Mailing Address 1030 DELTA BLVD			Amount of Each Disbursement this Period 794.00	
City ATLANTA	State GA	Zip Code 30354	Transaction ID : SB17.I381	
Purpose of Disbursement AIRFARE		Category/ Type		
Candidate Name				
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) C. ELAVON			Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014	
Mailing Address 2 CONCOURSE PKWY			Amount of Each Disbursement this Period 99.94	
City ATLANTA	State GA	Zip Code 30328	Transaction ID : SB17.I382	
Purpose of Disbursement CC PROCESSING		Category/ Type		
Candidate Name				
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:				

SUBTOTAL of Disbursements This Page (optional).....	895.28
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 100 OF 118	
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. ELAVON		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 2 CONCOURSE PKWY		Amount of Each Disbursement this Period 99.94 Transaction ID : SB17.I383
City ATLANTA State GA Zip Code 30328	Purpose of Disbursement CC PROCESSING	
Candidate Name		Category/Type
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. ELAVON		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 2 CONCOURSE PKWY		Amount of Each Disbursement this Period 99.94 Transaction ID : SB17.I384
City ATLANTA State GA Zip Code 30328	Purpose of Disbursement CC PROCESSING	
Candidate Name		Category/Type
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) C. ELECTION CFO, LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address P.O. BOX 26141		Amount of Each Disbursement this Period 6042.38 Transaction ID : SB17.I385
City ALEXANDRIA State VA Zip Code 22313	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name		Category/Type
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:		

SUBTOTAL of Disbursements This Page (optional).....	6242.26
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 101 OF 118			
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. FLS CONNECTS		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 7300 HUDSON BLVD, SUITE 270		Amount of Each Disbursement this Period 4089.00
City SAINT PAUL State MN Zip Code 55128	Purpose of Disbursement VOTER TELEPHONE CONTACT	
Candidate Name		Category/Type
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.I387
State: District:		

Full Name (Last, First, Middle Initial) B. GOLDEN VALLEY		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 7001 GOLDEN VALLEY RD.		Amount of Each Disbursement this Period 891.74
City GOLDEN VALLEY State MN Zip Code 55427	Purpose of Disbursement FOOD & BEVERAGES	
Candidate Name		Category/Type
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.I388
State: District:		

Full Name (Last, First, Middle Initial) C. HOUSE GIFT SHOP		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address US HOUSE OF REPRESENTATIVES		Amount of Each Disbursement this Period 207.45
City WASHINGTON State DC Zip Code 20515	Purpose of Disbursement GIFTS FOR VOLUNTEERS	
Candidate Name		Category/Type
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.I389
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5188.19
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 102 OF 118		
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address 2632 MARINE WAY		Amount of Each Disbursement this Period 39.95 Transaction ID : SB17.I390
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement ACCOUNTING SOFTWARE	
Candidate Name	Category/Type	
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. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address 2632 MARINE WAY		Amount of Each Disbursement this Period 39.95 Transaction ID : SB17.I391
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement SOFTWARE	
Candidate Name	Category/Type	
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) C. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 2632 MARINE WAY		Amount of Each Disbursement this Period 39.95 Transaction ID : SB17.I392
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement SOFTWARE	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	119.85
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 103 OF 118			
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. LAVENTURE LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address 2632 E DIVIDE AVE		Amount of Each Disbursement this Period 3407.67
City BISMARCK State ND Zip Code 58501	Purpose of Disbursement COMMUNICATIONS CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.I399
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. LAVENTURE LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 2632 E DIVIDE AVE		Amount of Each Disbursement this Period 1310.00
City BISMARCK State ND Zip Code 58501	Purpose of Disbursement COMMUNICATIONS CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.I400
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) C. LAVENTURE LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 2632 E DIVIDE AVE		Amount of Each Disbursement this Period 2464.40
City BISMARCK State ND Zip Code 58501	Purpose of Disbursement COMMUNICATIONS CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.I401
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:		

SUBTOTAL of Disbursements This Page (optional).....	7182.07
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 104 OF 118			
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. MERCH BANKCARD		M M / D D / Y Y Y Y 01 / 10 / 2014	
Mailing Address 400 S DIXIE HWY, SUITE 411		Amount of Each Disbursement this Period	
City BOCA RATON State FL Zip Code 33432		34.18	
Purpose of Disbursement CC PROCESSING		Transaction ID : SB17.I403	
Candidate Name		Category/Type	
Office Sought:	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)		Date of Disbursement	
B. MERCH BANKCARD		M M / D D / Y Y Y Y 02 / 11 / 2014	
Mailing Address 400 S DIXIE HWY, SUITE 411		Amount of Each Disbursement this Period	
City BOCA RATON State FL Zip Code 33432		36.10	
Purpose of Disbursement CC PROCESSING		Transaction ID : SB17.I405	
Candidate Name		Category/Type	
Office Sought:	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)		Date of Disbursement	
C. MERCH BANKCARD		M M / D D / Y Y Y Y 03 / 07 / 2014	
Mailing Address 400 S DIXIE HWY, SUITE 411		Amount of Each Disbursement this Period	
City BOCA RATON State FL Zip Code 33432		38.83	
Purpose of Disbursement CC SERVICES		Transaction ID : SB17.I406	
Candidate Name		Category/Type	
Office Sought:	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:		

SUBTOTAL of Disbursements This Page (optional).....	109.11
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 105 OF 118		
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. PAYPAL, INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2014
Mailing Address 2211 NORTH FIRST STREET		Amount of Each Disbursement this Period 30.00 Transaction ID : SB17.I412
City SAN JOSE	State CA	
Zip Code 95131	Purpose of Disbursement CC PROCESSING	Category/ Type
Candidate Name	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. PAYPAL, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2014
Mailing Address 2211 NORTH FIRST STREET		Amount of Each Disbursement this Period 30.00 Transaction ID : SB17.I413
City SAN JOSE	State CA	
Zip Code 95131	Purpose of Disbursement CC PROCESSING	Category/ Type
Candidate Name	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) C. PAYPAL, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 2211 NORTH FIRST STREET		Amount of Each Disbursement this Period 56.71 Transaction ID : SB17.I414
City SAN JOSE	State CA	
Zip Code 95131	Purpose of Disbursement CC PROCESSING	Category/ Type
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....	116.71
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 106 OF 118			
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. PAYPAL, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014
Mailing Address 2211 NORTH FIRST STREET		Amount of Each Disbursement this Period 30.00
City SAN JOSE	State CA	
Zip Code 95131	Purpose of Disbursement CC PROCESSING	Transaction ID : SB17.I415
Candidate Name	Category/Type	
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. PAYPAL, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 2211 NORTH FIRST STREET		Amount of Each Disbursement this Period 616.35
City SAN JOSE	State CA	
Zip Code 95131	Purpose of Disbursement CC PROCESSING	Transaction ID : SB17.I416
Candidate Name	Category/Type	
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) C. SUREPAYROLL		Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2014
Mailing Address 2350 RAVINE WAY STE 100		Amount of Each Disbursement this Period 32.15
City GLENVIEW	State IL	
Zip Code 60025	Purpose of Disbursement PAYROLL PROCESSING	Transaction ID : SB17.I426
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	678.50
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 107 OF 118			
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. SUREPAYROLL		Date of Disbursement
Mailing Address 2350 RAVINE WAY STE 100		M M / D D / Y Y Y Y 01 / 01 / 2014
City GLENVIEW	State IL	Zip Code 60025
Purpose of Disbursement EMPLOYER TAXES	Amount of Each Disbursement this Period 79.52	
Candidate Name	Transaction ID : SB17.I427	
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:	Category/ Type	

Full Name (Last, First, Middle Initial) B. SUREPAYROLL		Date of Disbursement
Mailing Address 2350 RAVINE WAY STE 100		M M / D D / Y Y Y Y 01 / 16 / 2014
City GLENVIEW	State IL	Zip Code 60025
Purpose of Disbursement PAYROLL PROCESSING	Amount of Each Disbursement this Period 32.15	
Candidate Name	Transaction ID : SB17.I428	
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:	Category/ Type	

Full Name (Last, First, Middle Initial) C. SUREPAYROLL		Date of Disbursement
Mailing Address 2350 RAVINE WAY STE 100		M M / D D / Y Y Y Y 01 / 16 / 2014
City GLENVIEW	State IL	Zip Code 60025
Purpose of Disbursement EMPLOYER TAXES	Amount of Each Disbursement this Period 148.30	
Candidate Name	Transaction ID : SB17.I429	
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:	Category/ Type	

SUBTOTAL of Disbursements This Page (optional).....	259.97
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 108 OF 118	
	<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)
Cramer for Congress

A. SUREPAYROLL

Full Name (Last, First, Middle Initial)
Mailing Address 2350 RAVINE WAY STE 100

City GLENVIEW State IL Zip Code 60025

Purpose of Disbursement EMPLOYER TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 03 / 2014

Amount of Each Disbursement this Period: 165.15

Transaction ID : SB17.I430

B. SUREPAYROLL

Full Name (Last, First, Middle Initial)
Mailing Address 2350 RAVINE WAY STE 100

City GLENVIEW State IL Zip Code 60025

Purpose of Disbursement PAYROLL PROCESSING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 03 / 2014

Amount of Each Disbursement this Period: 32.15

Transaction ID : SB17.I431

C. SUREPAYROLL

Full Name (Last, First, Middle Initial)
Mailing Address 2350 RAVINE WAY STE 100

City GLENVIEW State IL Zip Code 60025

Purpose of Disbursement PAYROLL PROCESSING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 18 / 2014

Amount of Each Disbursement this Period: 32.15

Transaction ID : SB17.I432

SUBTOTAL of Disbursements This Page (optional) 229.45

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 109 OF 118			
	<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)
Cramer for Congress

A. SUREPAYROLL

Full Name (Last, First, Middle Initial)
Mailing Address 2350 RAVINE WAY STE 100

City GLENVIEW State IL Zip Code 60025

Purpose of Disbursement EMPLOYER TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 18 / 2014

Amount of Each Disbursement this Period: 153.61

Transaction ID : SB17.I433

B. SUREPAYROLL

Full Name (Last, First, Middle Initial)
Mailing Address 2350 RAVINE WAY STE 100

City GLENVIEW State IL Zip Code 60025

Purpose of Disbursement EMPLOYER TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 03 / 2014

Amount of Each Disbursement this Period: 152.91

Transaction ID : SB17.I434

C. SUREPAYROLL

Full Name (Last, First, Middle Initial)
Mailing Address 2350 RAVINE WAY STE 100

City GLENVIEW State IL Zip Code 60025

Purpose of Disbursement PAYROLL PROCESSING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 03 / 2014

Amount of Each Disbursement this Period: 32.15

Transaction ID : SB17.I435

SUBTOTAL of Disbursements This Page (optional) 338.67

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 110 OF 118	
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. SUREPAYROLL		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 2350 RAVINE WAY STE 100		Amount of Each Disbursement this Period 32.15 Transaction ID : SB17.I436
City GLENVIEW State IL Zip Code 60025	Purpose of Disbursement PAYROLL PROCESSING	
Candidate Name	Category/Type	
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. SUREPAYROLL		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 2350 RAVINE WAY STE 100		Amount of Each Disbursement this Period 157.65 Transaction ID : SB17.I437
City GLENVIEW State IL Zip Code 60025	Purpose of Disbursement EMPLOYER TAXES	
Candidate Name	Category/Type	
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) C. THEODORE COMPANY LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 8616 BUCKBOARD DR		Amount of Each Disbursement this Period 6805.13 Transaction ID : SB17.I438
City ALEXANDRIA State VA Zip Code 22308	Purpose of Disbursement STRATEGIC CONSULTING	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	6994.93
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 111 OF 118			
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address P.O. BOX 66100		Amount of Each Disbursement this Period 407.00 Transaction ID : SB17.I440
City CHICAGO	State IL	
Zip Code 60666	Purpose of Disbursement AIRFARE	Category/ Type
Candidate Name	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. UNITED AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address P.O. BOX 66100		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.I441
City CHICAGO	State IL	
Zip Code 60666	Purpose of Disbursement AIRLINE FEE	Category/ Type
Candidate Name	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) C. UNITED AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address P.O. BOX 66100		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.I442
City CHICAGO	State IL	
Zip Code 60666	Purpose of Disbursement AIRLINE FEE	Category/ Type
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....	457.00
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 112 OF 118			
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address P.O. BOX 66100		Amount of Each Disbursement this Period 542.00 Transaction ID : SB17.I443
City CHICAGO	State IL	
Zip Code 60666	Purpose of Disbursement AIRFARE	Category/ Type
Candidate Name	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. UNITED AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address P.O. BOX 66100		Amount of Each Disbursement this Period 542.00 Transaction ID : SB17.I444
City CHICAGO	State IL	
Zip Code 60666	Purpose of Disbursement AIRFARE	Category/ Type
Candidate Name	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) C. UNITED PRINTING		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address 117 W FRONT AVE		Amount of Each Disbursement this Period 1659.90 Transaction ID : SB17.I445
City BISMARCK	State ND	
Zip Code 58504	Purpose of Disbursement PRINTING	Category/ Type
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....	2743.90
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 113 OF 118			
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. UNITED PRINTING			Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014	
Mailing Address 117 W FRONT AVE			Amount of Each Disbursement this Period 1774.34	
City BISMARCK	State ND	Zip Code 58504	Transaction ID : SB17.I446	
Purpose of Disbursement PRINTING		Category/ Type		
Candidate Name				
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. UNITED PRINTING			Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014	
Mailing Address 117 W FRONT AVE			Amount of Each Disbursement this Period 50.93	
City BISMARCK	State ND	Zip Code 58504	Transaction ID : SB17.I447	
Purpose of Disbursement BUSINESS CARD PRINTING		Category/ Type		
Candidate Name				
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) C. UNITED PRINTING			Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014	
Mailing Address 117 W FRONT AVE			Amount of Each Disbursement this Period 428.30	
City BISMARCK	State ND	Zip Code 58504	Transaction ID : SB17.I448	
Purpose of Disbursement PRINTING		Category/ Type		
Candidate Name				
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:				

SUBTOTAL of Disbursements This Page (optional).....	2253.57
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 114 OF 118			
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. US BANK		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 200 NORTH 3RD STREET, #200		Amount of Each Disbursement this Period 42.50 Transaction ID : SB17.I449
City BISMARCK State ND Zip Code 58501	Purpose of Disbursement BANK CHARGE	
Candidate Name	Category/Type	
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. US BANK		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 200 NORTH 3RD STREET, #200		Amount of Each Disbursement this Period 1.00 Transaction ID : SB17.I450
City BISMARCK State ND Zip Code 58501	Purpose of Disbursement BANK ANALYSIS FEE	
Candidate Name	Category/Type	
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) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 303 NORTH 4TH STREET		Amount of Each Disbursement this Period 230.00 Transaction ID : SB17.I451
City BISMARCK State ND Zip Code 58501	Purpose of Disbursement POSTAGE	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	273.50
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 115 OF 118			
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 303 NORTH 4TH STREET		Amount of Each Disbursement this Period 230.00 Transaction ID : SB17.I452
City BISMARCK State ND Zip Code 58501	Purpose of Disbursement POSTAGE	
Candidate Name	Category/Type	
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. USPS		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 303 NORTH 4TH STREET		Amount of Each Disbursement this Period 204.00 Transaction ID : SB17.I453
City BISMARCK State ND Zip Code 58501	Purpose of Disbursement POSTAGE	
Candidate Name	Category/Type	
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) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 303 NORTH 4TH STREET		Amount of Each Disbursement this Period 64.60 Transaction ID : SB17.I454
City BISMARCK State ND Zip Code 58501	Purpose of Disbursement POSTAGE	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	498.60
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 116 OF 118	
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. WALRUS RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 1136 N 3RD ST		Amount of Each Disbursement this Period 1755.71
City BISMARK	State ND Zip Code 58501	
Purpose of Disbursement EVENT CATERING	Candidate Name	Transaction ID : SB17.I456
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1755.71
TOTAL This Period (last page this line number only).....	55855.72

**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 117 OF 118	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. NORTH DAKOTA REPUBLICAN PARTY		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address P.O. BOX 1917		Amount of Each Disbursement this Period 400.00 Transaction ID : SB21.I409
City BISMARCK State ND Zip Code 58502	Purpose of Disbursement BOOTH SPACE	
Candidate Name	Category/Type	
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. NORTH DAKOTA REPUBLICAN PARTY		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address P.O. BOX 1917		Amount of Each Disbursement this Period 900.00 Transaction ID : SB21.I410
City BISMARCK State ND Zip Code 58502	Purpose of Disbursement CONVENTION	
Candidate Name	Category/Type	
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) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	1300.00
TOTAL This Period (last page this line number only).....	1300.00

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kevin Cramer		Nature of Debt (Purpose): travel reimbursement
Mailing Address 4256 Highcreek Rd		
City State Zip Code Bismark ND 58503		

Outstanding Balance Beginning This Period 0.00	Transaction ID : 2014Q1.1	
Amount Incurred This Period 3621.20	Payment This Period 0.00	Outstanding Balance at Close of This Period 3621.20

B. 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

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)	3621.20
2) TOTALS This Period (last page this line number only)	3621.20
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) ▶	3621.20