## FEC FORM 3X

Office

Use

Only

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

FEC MAIL CENTER

2022 OCT 26 AM 9: 36

FEC FORM 3X

Rev. 12/2004

Office Use Only

1.	NAME ( COMMI	OF TTEE (in full)	TYPE OR	PRINT ▼		ample: If ty er the lines		pe	12FJ	E4M5	·.		
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2.	FEC ID	ENTIFICATION NU	JMBER ▼		CITY A		•	S	STATE A	· · · · · · · · · · · · · · · · · · ·	ZIP CC	DE 🛦	
	C 0	00030	61	;	3. IS THIS REPORT	X	NEW (N)	OR	-	AMENDED (A)			
4.	TYPE (Choose	OF REPORT		nthly port e On:	Feb 20 (M2)	)	May 2	0 (M5)		Aug 20 (M8)	:	Nov 20 (Non-Electi Year Only)	ion )
	(a) Qua	arterly Reports:			Mar 20 (M3)		Jun 20	, ,		Sep 20 (M9)		Dec 20 (Non-Electi Year Only)	iòn I
		April 15 Quarterly Report (C	(c)	:- 12-Day	Apr 20 (M4)	Primary (1	Jul 20  (2P)	(M7)	Gei	Oct 20 (M10) 		Jan 31 (	
		July 15 Quarterly Report (C October 15 Quarterly Report (C	(2)	PRE-Election Report for th		Conventio	·	<b>^</b>		ecial (12S)		(	,
		January 31 Year-End Report (Y		E	lection on	Ĭ Ĭ	Ö	<b>8</b> /	207	ŽŽ	in the State o	n N	D
	1 * * * · · · · · · · · · · · · · · · ·	July 31 Mid-Year Report (Non-election Year Only) (MY)	n (d)	30-Day POST-Election Report for the		General (	30G)		Rur	noff (30R)	- :	Special (	(308)
	; ; 	Termination Report (TER)		E	lection on	. <b>M</b> > <b>M</b>  	/ D ·	D /	Ý Y	<b>v</b> : <b>v</b>	in the State o	of :	2 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
5.	Covering	g Period 1	Ö΄Ö	1 20	žŽ	through	n .	ĺŏ	/ <b> </b> C	i ŽŎ	ŽŽ		
	-	I have examined th		nd to the be		_			e, corre	ct and comple	te.		
		Treasurer	Mio	Sans					ate	Î <i>Ö</i> ′ 2	ځ	ŽŮŽ	ΖŽ

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

# NONN HO NO ON DOUNTON

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)		Page 2
Write or Type Committee Name		
North Dakota Medical Ass	ociation Political Actio	n Committee
Report Covering the Period: From:	0 0 1 2022 T	o: 10 19 2022
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2027		2.55116
(b) Cash on Hand at  Beginning of Reporting Period	2,301.16	•
(c) Total Receipts (from Line 19)	6,65,000	6,650.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	8.9511.6	9,20116
7. Total Disbursements (from Line 31)	6,60,000	685000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3.51.16	1.3511k
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		•
This committee has qualified as a multic	andidate committee. (see FEC FORM 1M)	<del></del>
	For further information contact:	<del></del>

Federal Election Commission 1050 First Street, N.E. Washington, DC 20463

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

### **DETAILED SUMMARY PAGE**

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

North Dakota Medical Association Political Action Committee

Re	port Covering the Period: From:	2 01 2022 To	: 101 191 2022
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
(2) Naminal (van Cahadula A)		5.8.0.0.0	5.800.00
	(ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii)▶	SOOO	85000 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	(such as PACs)	il inness samuli il inness	in angles and provide the agreement of the second of the s
12.	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)  Transfers From Affiliated/Other Party Committees	Br65,000	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
13.	All Loans Received	Landher har har har har har har har har har ha	Beneden Landon land en en en en la landon la constante de mande estadon en la constante de mande estadon en la constante en la
	Loan Repayments Received  Offsets To Operating Expenditures (Refunds, Rebates, etc.)	รีนการเป็นเปราร์นายกเรื่องจะเรื่องจะเกิด ระเกิดเลงกลุ่วกระเกิดเลงรับคลายในการเรื่องและนี้ รู้ รู้ รู้ รู้ รู้ รู้ รู้ รู้ รู้ รู	den entre mangran springen en den en de se
16.	(Carry Totals to Line 37, page 5)	frame translace to send and translace stranslace translace translace.  Grant translace	procedure to compression of the second secon
17.	Political Committees Other Federal Receipts (Dividends, Interest, etc.)	Borellanderschenberderschenberderschenberd	
18.	Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)		
	(b) Levin Funds (from Schedule H5)	Burnellment and a second of the formal and be a first and a second of the first and a second of	
	(c) Total Transfers (add 18(a) and 18(b))		
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	66500
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	Land 18 - 18 - 18 - 18 - 18 - 18 - 18 - 18	6.65.000

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

	II. Disbursements	Total This Period	COLUMN B Calendar Year-to-Date
21. (	Operating Expenditures: a) Allocated Federal/Non-Federal Activity (from Schedule H4)		- Caronau Tour to Date
	(i) Federal Share		
	(i) I doctor dilate		
	(ii) Non-Federal Share		
(	b) Other Federal Operating		
	Expenditures	477	272
(	c) Total Operating Expenditures		
00 -	(add 21(a)(i), (a)(ii), and (b))		
	Transfers to Affiliated/Other Party		
23. (	Contributions to		
ŀ	Federal Candidates/Committees and Other Political Committees		
	ndependent Expenditures	75 - 75 - 75 - 75 - 75 - 75 - 75 - 75 -	45 45 45 45
(	use Schedule E)		
25. (	Coordinated Party Expenditures 52 U.S.C. § 30116(d))		
Ò	use Schedule F)		
26. I	oan Repayments Made		7 1 47
27 1	oans Made		
28. I	Refunds of Contributions To:		
(	a) Individuals/Persons Other Than Political Committees		
	That I children committee in the children		0 0
(	b) Political Party Committees		
(	c) Other Political Committees		
	(such as PACs)		
(	d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶		
	Other Disbursements (Including		
ı	Non-Federal Donations)	<u>,, 6,,6,00.00</u>	<u>~ 6,850.00</u>
30. I	Federal Election Activity (52 U.S.C. § 30101(20	0))	
(	a) Allocated Federal Election Activity		
	(from Schedule H6)		<del></del>
	(i) Federal Share		1
	(ii) III accord Chang		
	(ii) "Levin" Shareb) Federal Election Activity Paid	452 452 452	494 4 595 4 575
,	Entirely With Federal Funds		<del></del>
	c) Total Federal Election Activity (add		23.4.2.4.2.4.2.4.2.4.2.4.2.4.2.4.2.4.2.4
,	Lines 30(a)(i), 30(a)(ii) and 30(b))		
	2	773	
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))		10500
		- 6,60,0.00	5 6,850-00
-	Total Federal Disbursements		
	subtract Line 21(a)(ii) and Line 30(a)(ii)		
1	rom Line 31)	1) 00	D.0 c

(subtract Line 37 from Line 36) ......

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 COLUMN A **COLUMN B** III. Net Contributions/Operating Ex-**Total This Period** Calendar Year-to-Date penditures 33. Total Contributions (other than loans) 6650.00 (from Line 11(d), page 3) ..... 34. Total Contribution Refunds (from Line 28(d))..... 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) ..... 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ........▶ 37. Offsets to Operating Expenditures (from Line 15, page 3)..... 38. Net Operating Expenditures

#### SCHEDULE A ITEMIZED RE

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

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

•		
SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate sche for each category Detailed Summary	of the
		ed by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
/ North Dakota Medical Assortium (Last, First, Middle Initial)	ciation Political Act	tion Committee
A. Kanum, Joshua C		Date of Receipt
Mailing Address 214 LaKeview Dr		10 06 2022
Cily Hettinger	State Zip Code ND 58639	Amount of Each Receipt Ihis Period
FEC ID number of contributing federal political committee.		70000
Name of Employer West River Health	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	00.00
Full Name (Last, First, Middle Initial)  B. Schatz, Sarah L		Date of Receipt
Mailing Address 4th St NE	01-14-15-15-15-15-15-15-15-15-15-15-15-15-15-	10'13'202'z
James town	State Zip Code 5840	O / Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		500.00
Name of Employer Sanford Jamestown	Occupation Physician	
Receipt For:  Primary  General  Other (specify)	Aggregate Year-to-Date ▼	20.00
Full Name (Last, First, Middle Initial) C. Noves, William, R.		Date of Receipt
Mailing Address 7025 16th 5t 58		10 03 2022
Grand FORKS	State Zip Code 5820	2 / Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		50000
Name of Employer Cancer Ctr of North Dok	Occupation ta Physician	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼	
\ \ \ \ \ \ \-	transfer in the second of the	

FEC Schedule A (Form 3X) Rev. 02/2003

# SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 2 OF 5
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
	Detailed Summary Page	11a 11b 11c 12
Any information copied from such Reports and Sta	Itements may not be sold or used by any ne	<del></del>
or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)		
North Dakota Medical Assoc	iation Political Action Comm	nittee
Full Name (Last, First, Middle Initial)		
A. Knutson, Scott, E	<u> </u>	Date of Receipt
Mailing Address 4900 6/st Ave SE		10 07 2022
City	State Zip Code	100000000000000000000000000000000000000
Minot	ND 58701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		5.00.00
Name of Employer Trinity Health	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	, ,500.00	
Full Name (Last, First, Middle Initial)		
B. Orser, Shari L		Date of Receipt
620 Birch Wood Di	<b>~</b> .	] / 0 ′ 0 ° ′ Zŏ ZŽ
Bismarck	State Zip Code ND 58504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Cir	500.00
·	the letter of a solic make medicanthomateria the sec	
Name of Employer  Retired	Occupation Phy514an	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General	- นี้กรูงเป็น เลงและเปิดเล <b>ะบิดเร ก็เราแก้เลก ก็เลก</b> กับจาก เมื่าของ	
Other (specify)	50000	
Full Name (Last, First, Middle Initial)  C. Strinden, Thoma	< T	Date of Receipt
Mailing Address	-	- Called A For or A Free And A
3223 Timber Creek		10 06 2022
Far40	State Zip Code ND 58104	
<del></del>	Total in the State of the Association of the State of Sta	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50000
Name of Employer	Occupation	_
Bagan Strinden Vision	Physician	<u> </u>
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	500.00	
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS .

SCHEDULE A (FEC Form 3X)		Lieu constata eshadula(s)	FOR LINE NUMBER: PAGE 8 OF 5
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or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full)			
North Dakota Medical Ass	ociation	Political Action Com	mittee
Full Name (Last, First, Middle Initial)  A. Wolf, Denois			Date of Receipt
Mailing Address	511	<del> </del>	10 06 2022
1/1/3 40 T 5+ 3	Sţate	Zip Code	10 06 2022
Dickinson	State ND	58601	Amount of Each Receipt this Period
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Name of Employer Ketired	Occupation Phys	sician	
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Other (specify)		, 500.00	:
Full_Name (Last, First, Middle Initial)	<u> </u>		
B. Gray, Kristin		Date of Receipt	
Mailing Address 5111 Flatrock Lo	OP		10 13 2022
Bismarck	State	Zip Code 58503	
FEC ID number of contributing			Amount of Each Receipt this Period
federal political committee.	Cit	ealistic territoristic stematoris	,500.00
Name of Employer Sanford - BISMarck	Occupation	ysician	
Receipt For:		Year-to-Date ▼	-
Primary General	,	esTasiEzzellearTein" saciemilis as es esTasiEzzellearTein" saciemilis as es	·
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Full Name (Last, First, Middle Initial) C. Hofland, Erica	C		Date of Receipt
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1143 8th St E	State	Zip Code	16 01 2022
Dickinson	ND	58601	Amount of Each Receipt this Period
FEC ID number of contributing	C	end o still outher chrouthes to still	400.00
federal political committee.	1.4e2# 	. Maritus Heart subtract, at	
Name of Employer Sanford-Dikinson	Occupation	ysiciani	
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TOTAL This Period (last page this line number	er only)		
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 4 OF 5		
•	1	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)		
ITEMIZED RECEIPTS	į		7 11a 11b 11c 12		
			13 14 15 16 17		
Any information copied from such Reports and S					
or for commercial purposes, other than using the	name and ac	ddress of any political committee	to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)					
North Dakota Medical Asso	ciation I	Political Action Com	mittee		
Full Name (Last, First, Middle Initial)			T		
a Maria Ladal 1	Ξ		Date of Receipt		
Mailing Address $3414$ $154$ $5+$ $E$			This has a problem a grant with with with		
		<del></del>	10 06 2022		
West Fargo	State ND	Zip Code 58078	Amount of Each Receipt this Period		
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federal political committee.	.C:	ot cartic estas a escribilis a	400.00		
Name of Employer	Occupation	<del>, ,                                   </del>	-		
Dakota Gastroenterology	Phys	sician			
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Full Name (Last, First, Middle Initial)	<del></del>	<del></del>			
B. Tobiasz, Anna M			Date of Receipt		
Mailing Address 4906 Lakewood Dr 58	. ₽		10 03 2022		
City	State	Zip Code	10 05 2022		
Mandan N	D	58554	Amount of Each Receipt this Period		
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federal political committee.	$\mathbf{C}_{i}$	and the San Market of the time	300.00		
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Full Name (Last, First, Middle Initial) C. Jankoriak, Michae	:1 D		Saturation of Paradical		
C. Jankoriak, Michael Mailing Address		<del></del>	Date of Receipt		
402 W Are B			] 10 01 2022		
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SCHEDULE A (FEC Form 3X)	lies constate achadulate)	FOR LINE NUMBER: PAGE 5 OF 5		
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)		
	Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17		
Any information copied from such Reports and Stateme	nts may not be sold or used by any pe			
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)				
North Dakota Medical Associat	ion Political Action Com	mittee		
Full Name (Last, First, Middle Initial)				
A. Connell Joan M Mailing Address		Date of Receipt		
402 W Ave B		10 07 2022		
BISMARCK N	ate Zip Code D 58501	Amount of Each Receipt this Period		
FEC ID number of contributing	n vegeti nje iz ivi i njesegren reserj	The state of the state of the second of the state of the		
federal political committee.	a will red and the case was all radius	250.00		
Name of Employer UND Ctr For Family Med F	nysician			
Receipt For: Aggi	regate Year-to-Date ▼	7		
	1 (14) (25) (15) (15) (15) (15) (15) (15) (15) (1			
Giller (openity) 🗸	250.00			
Full Name (Last, First, Middle Initial)  B.		Date of Receipt		
Mailing Address	<del></del>	H 7 H / O - O / V V V V V V V		
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City Sta	ate Zip Code			
FEC ID number of contributing		general contractor records this remove and a		
federal political committee	d Language transfer Arm Decadles (St. Language)	The section of the section of the section of the section of		
Name of Employer Occu	pation			
	regate Year-to-Date ▼			
	ou anna Chailleachadh aidh airtean a Luich			
Full Name (Last, First, Middle Initial)  C.		Date of Receipt		
Mailing Address		Markey / Common / Carray and Andrew		
City St.	ate Zip Code	- Investigated the section of the contract that it		
	·	Amount of Each Receipt this Period		
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federal political committee.	ในกรรณ์ เพลียมเกียก (Resultion Density) แล้	normalistic Promoting Continue (Continue Continue Continu		
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Primary General	ing all and and the all and an interesting and and an in-	: 1		
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## SCHEDULE B (FEC Form 3X)

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE N (check only 21b 27						
Any information copied from such Reports and Statem or for commercial purposes, other than using the name		by any perso	n for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full)	or any pointed.		colon communication accommended.					
North Dakota Medical Associa	tion Political Act	ion Commi	ttee					
Full Name (Last, First, Middle Initial)			Date of Disbursement					
A. Luke, Madeline Z	Luke, Madeline Z							
Mailing Address 747 6th 5t NE			10 14 2022					
City	State Zip Code							
Valley CITY ND Purpose of Disbursement  Campaign Expens Candidate Name	58073	mandamentianus.						
Campaign Expens	c5		Amount of Each Disbursement this Period					
Madeline Luke		Category/ Type	40000					
Office Sought: House Disburser	ment For:	1300	hanadh an d'an d'Eineallanniù mid Perdelis Mil Mid World Mil					
Senate President	Primary General							
State: No District: 24	Other (specify) ' >	ļ						
Full Name (Last, First, Middle Initial)								
B. Strades Michelle		 	Date of Disbursement $1.0^{\circ}$ $1.4^{\circ}$ $2.02.2^{\circ}$					
Mailing Address	. •							
3223 Timber Creek C	ir 5		Haddelinds of Characterist is the Control of the Co					
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Senate President								
State: N.D. District: Leg15,41	Other (specify)							
Full Name (Last, First, Middle Initial)								
c. Schatz Mille			Date of Disbursement					
Mailing Address		1014 2022						
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