

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER

2022 OCT 26 AM 9:36

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

North Dakota Medical Association Political  
Action Committee

ADDRESS (number and street) 1622 E Interstate Ave

Check if different than previously reported. (ACC)

BISMARCK ND 58503-0512

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

00003061

3. IS THIS REPORT NEW (N) OR AMENDED (A)

X

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)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P) X General (12G) Runoff (12R) Convention (12C) Special (12S)

Election on 11 08 2022 in the State of ND

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

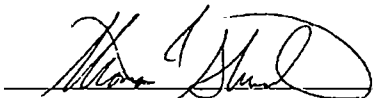
Election on in the State of

5. Covering Period 10 01 2022 through 10 19 2022

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 Thomas I. Strinden

Signature of Treasurer



Date 10 25 2022

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

Office Use Only							
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FEC FORM 3X  
Rev. 12/2004



**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

North Dakota Medical Association Political Action Committee

Report Covering the Period: From: 10 / 01 / 2022 To: 10 / 19 / 2022

**I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

11. Contributions (other than loans) From:

- (a) Individuals/Persons Other Than Political Committees
  - (i) Itemized (use Schedule A).....
  - (ii) Unitemized.....
  - (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶

5800.00  
850.00  
6650.00

5800.00  
850.00  
6650.00

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)..... ▶

6650.00

6650.00

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H3).....
- (b) Levin Funds (from Schedule H5).....
- (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))..... ▶

6650.00

6650.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶

6650.00

6650.00

NON-FEDERAL CONTRIBUTIONS

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. Disbursements**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements (Including Non-Federal Donations).....	6,600.00	6,850.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	6,600.00	6,850.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	0.00

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	6,650.00	6,650.00
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 (subtract Line 37 from Line 36) .....		

NONN 101016N 004001W016N 004001W016N 004001W016N

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE <u>1</u> OF <u>5</u>	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
**North Dakota Medical Association Political Action Committee**

A. Full Name (Last, First, Middle Initial) <b>Ranum, Joshua C</b>		Date of Receipt <b>10 06 2022</b>
Mailing Address <b>214 Lakeview Dr</b>		Amount of Each Receipt this Period <b>700.00</b>
City <b>Hettinger</b>	State Zip Code <b>ND 58639</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>700.00</b>
Name of Employer <b>West River Health</b>	Occupation <b>Physician</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>700.00</b>	

B. Full Name (Last, First, Middle Initial) <b>Schatz, Sarah L</b>		Date of Receipt <b>10 13 2022</b>
Mailing Address <b>2316 4th St NE</b>		Amount of Each Receipt this Period <b>500.00</b>
City <b>James town</b>	State Zip Code <b>ND 58401</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>Sanford Jamestown</b>	Occupation <b>Physician</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>	

C. Full Name (Last, First, Middle Initial) <b>Noyes, William, R.</b>		Date of Receipt <b>10 03 2022</b>
Mailing Address <b>7025 16th St SE</b>		Amount of Each Receipt this Period <b>500.00</b>
City <b>Grand Forks</b>	State Zip Code <b>ND 58201</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>Cancer Ctr of North Dakota</b>	Occupation <b>Physician</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>	

SUBTOTAL of Receipts This Page (optional).....	<b>1700.00</b>
TOTAL This Period (last page this line number only).....	

NONPROFIT ORGANIZATION

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

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

FOR LINE NUMBER: PAGE 2 OF 5

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

North Dakota Medical Association Political Action Committee

A. Full Name (Last, First, Middle Initial)  
Knutson, Scott, E.

Mailing Address  
4900 61st Ave SE

City Minot State ND Zip Code 58701

FEC ID number of contributing federal political committee. C

Name of Employer Trinity Health Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify)   

Aggregate Year-to-Date 500.00

Date of Receipt 10 07 2022

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)  
Orser, Shari L

Mailing Address  
620 Birchwood Dr.

City Bismarck State ND Zip Code 58504

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify)   

Aggregate Year-to-Date 500.00

Date of Receipt 10 07 2022

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)  
Strinden, Thomas I.

Mailing Address  
3223 Timber Creek Cr. S.

City Fargo State ND Zip Code 58104

FEC ID number of contributing federal political committee. C

Name of Employer Bagan Strinden Vision Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify)   

Aggregate Year-to-Date 500.00

Date of Receipt 10 06 2022

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... 1,500.00

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

NONPROFIT ORGANIZATION

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

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

FOR LINE NUMBER: PAGE **8** OF **5**  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**North Dakota Medical Association Political Action Committee**

**A. Wolf, Dennis E**

Full Name (Last, First, Middle Initial)

Mailing Address  
**1113 40th St SW**

City **Dickinson** State **ND** Zip Code **58601**

Date of Receipt  
**10 06 2022**

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

Amount of Each Receipt this Period  
**500.00**

Name of Employer **Retired** Occupation **Physician**

Receipt For:  Primary  General  Other (specify) **↓**

Aggregate Year-to-Date **500.00**

**B. Gray, Kristin**

Full Name (Last, First, Middle Initial)

Mailing Address  
**5111 Flatrock Loop**

City **Bismarck** State **ND** Zip Code **58503**

Date of Receipt  
**10 13 2022**

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

Amount of Each Receipt this Period  
**500.00**

Name of Employer **Sanford-Bismarck** Occupation **Physician**

Receipt For:  Primary  General  Other (specify) **↓**

Aggregate Year-to-Date **500.00**

**C. Hofland, Erica C**

Full Name (Last, First, Middle Initial)

Mailing Address  
**1143 8th St E**

City **Dickinson** State **ND** Zip Code **58601**

Date of Receipt  
**10 07 2022**

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

Amount of Each Receipt this Period  
**400.00**

Name of Employer **Sanford-Dickinson** Occupation **Physician**

Receipt For:  Primary  General  Other (specify) **↓**

Aggregate Year-to-Date **400.00**

SUBTOTAL of Receipts This Page (optional)..... **1,400.00**

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

2022-10-06-08-00424049



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 4 OF 5	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
North Dakota Medical Association Political Action Committee

A. Full Name (Last, First, Middle Initial)  
Nammour, Fadel E

Mailing Address  
3419 1st St E

City State Zip Code  
West Fargo ND 58078

FEC ID number of contributing federal political committee.  
C

Name of Employer Occupation  
Dakota Gastroenterology Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
10 06 2022

Amount of Each Receipt this Period  
400.00

B. Full Name (Last, First, Middle Initial)  
Tobiasz, Anna M

Mailing Address  
4906 Lakewood Dr SE E

City State Zip Code  
Mandan ND 58554

FEC ID number of contributing federal political committee.  
C

Name of Employer Occupation  
Sanford Bismarck Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
10 03 2022

Amount of Each Receipt this Period  
300.00

C. Full Name (Last, First, Middle Initial)  
Jankoriak, Michael D

Mailing Address  
402 W Ave B

City State Zip Code  
Bismarck ND 58501

FEC ID number of contributing federal political committee.  
C

Name of Employer Occupation  
CHS St Alexius Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
10 07 2022

Amount of Each Receipt this Period  
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 950.00

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

NON-FOR-NO-BOOKING

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

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

FOR LINE NUMBER: PAGE 5 OF 5  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
North Dakota Medical Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Connell, Joan M

Mailing Address  
402 W Ave B

City Bismarck State ND Zip Code 58501

FEC ID number of contributing federal political committee. C

Name of Employer UND Ctr For Family Med Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date 250.00

Date of Receipt  
10 07 2022

Amount of Each Receipt this Period  
250.00

**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) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00

TOTAL This Period (last page this line number only)..... ▶ 5,800.00

2022-10-20 00:42:06

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 2

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North Dakota Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

Date of Disbursement

10 / 14 / 2022

A. Luke, Madeline Z

Mailing Address  
747 6th St NE

City State Zip Code  
Valley City ND 58072

Purpose of Disbursement  
Campaign Expenses

Candidate Name  
Madeline Luke

Category/Type  
11

Amount of Each Disbursement this Period

40000

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)   
State: ND District: Legis. 24

Full Name (Last, First, Middle Initial)

Date of Disbursement

10 / 14 / 2022

B. Strinden, Michelle

Mailing Address  
3223 TimberCreek Cir S

City State Zip Code  
Fargo ND 58104

Purpose of Disbursement  
Campaign Expenses

Candidate Name  
Michelle Strinden

Category/Type  
11

Amount of Each Disbursement this Period

40000

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)   
State: ND District: Legis. 41

Full Name (Last, First, Middle Initial)

Date of Disbursement

10 / 14 / 2022

C. Schatz, Mike

Mailing Address  
400 9th St E

City State Zip Code  
New England ND 58647

Purpose of Disbursement  
Campaign Expenses

Candidate Name  
Mike Schatz

Category/Type  
11

Amount of Each Disbursement this Period

40000

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)   
State: ND District: Legis. 39

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

120000

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

2025 RELEASE UNDER E.O. 14176

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**North Dakota Medical Association Political Action Committee**

A. Full Name (Last, First, Middle Initial) **Ista, Zachary** Date of Disbursement **10/14/2022**

Mailing Address **3850 15th Ave S**

City **Grand Forks** State **ND** Zip Code **58201**

Purpose of Disbursement **Campaign Expenses** Category/Type **11** Amount of Each Disbursement this Period **400.00**

Candidate Name **Zachary Ista**

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) **Legis**

State: **ND** District: **Legis 43**

B. Full Name (Last, First, Middle Initial) **Cleary, Sean** Date of Disbursement **10/14/2022**

Mailing Address **1210 Meredith Dr**

City **Bismarck** State **ND** Zip Code **58501**

Purpose of Disbursement **campaign expenses** Category/Type **11** Amount of Each Disbursement this Period **300.00**

Candidate Name **Sean Cleary**

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) **Legis**

State: **ND** District: **Legis 35**

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

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....	<b>700.00</b>
TOTAL This Period (last page this line number only).....	<b>1900.00</b>

NON-FUNCTIONAL



