

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 1029 N. 5th Street Bismarck ND 58501

2. FEC IDENTIFICATION NUMBER C C00018929 3. IS THIS REPORT NEW (N) OR AMENDED (A) x

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 10 / 01 / 2018 through 10 / 17 / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Hacker, Nicholas, , ,

Type or Print Name of Treasurer Signature of Treasurer Hacker, Nicholas, , , [Electronically Filed] Date 11 / 19 / 2018

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**North Dakota Republican Party**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="5394.15"/>	<input type="text" value="5394.15"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="368135.99"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="564477.79"/>	<input type="text" value="1717011.19"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="932613.78"/>	<input type="text" value="1722405.34"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="500216.91"/>	<input type="text" value="1290008.47"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="432396.87"/>	<input type="text" value="432396.87"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**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 3X (Rev. 05/2016)

Write or Type Committee Name

**North Dakota Republican Party**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	34935.00	280986.27
(ii) Unitemized .....	14121.92	187689.82
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	49056.92	468676.09
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	20000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	54056.92	488676.09
12. Transfers From Affiliated/Other Party Committees.....	507270.87	1141323.17
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	1197.82
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	3150.00	7000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	78814.11
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	78814.11
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	564477.79	1717011.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	564477.79	1638197.08

**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 .....	3672.52	27479.58
(ii) Non-Federal Share.....	13815.73	103375.38
(b) Other Federal Operating Expenditures .....	104813.97	346403.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	122302.22	477258.26
22. Transfers to Affiliated/Other Party Committees.....	0.00	75.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	10000.00
24. Independent Expenditures (use Schedule E) .....	358652.00	579437.17
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	609.50
(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 28(a), (b), and (c)).....	0.00	609.50
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	19262.69	222628.54
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	19262.69	222628.54
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	500216.91	1290008.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	486401.18	1186633.09

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	54056.92	488676.09
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	609.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	54056.92	488066.59
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	108486.49	373882.88
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	1197.82
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	108486.49	372685.06

**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 6 OF 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 Republican Party**

**A. BANNACH, MICHAEL, J., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4122 OSGOOD PKWY. S.  
 City FARGO State ND Zip Code 58104-3302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WESTERN STATE BANK Occupation (for Individual) BANKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : SA11A.47598**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**B. BROSZ, JOLENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 357  
 City BOWMAN State ND Zip Code 58623-0357  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 01 / 2018  
**Transaction ID : SA11A.47379**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**C. BURGUM, DOUG, , GOV.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 TALLGRASS TRL  
 City HORACE State ND Zip Code 58047-9548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STATE OF NORTH DAKOTA Occupation (for Individual) GOVERNOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5500.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : SA11A.47652**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 7 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**North Dakota Republican Party**

**A. CARTER, FREDERIC, S.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5462 ROCK HAVEN HARBOR RD. N.  
 City MANDAN State ND Zip Code 58554-5402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 03 / 2018  
**Transaction ID : SA11A.47423**  
 Amount of Each Receipt this Period 400.00  
 Memo Item CONTRIBUTION

**B. CROOKS, LYNN, E., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 213 28TH AVE N  
 City FARGO State ND Zip Code 58102-1623  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 08 / 2018  
**Transaction ID : SA11A.47510**  
 Amount of Each Receipt this Period 230.00  
 Memo Item CONTRIBUTION

**C. DICK, JAMES, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12163 71ST ST SE  
 City ENGLEVALE State ND Zip Code 58033-9529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : SA11A.47639**  
 Amount of Each Receipt this Period 150.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 780.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 8 OF 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**North Dakota Republican Party**

**A. FRISTAD, JAMES, C., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 382 GRASSY HILLS LN  
 City GRAND FORKS State ND Zip Code 58201-7700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LUNSETH P & H CO Occupation (for Individual) ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 03 / 2018  
**Transaction ID : SA11A.47410**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**B. HAHN, DARLEAN, M., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5259 101ST RD NW  
 City TIOGA State ND Zip Code 58852-9301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 03 / 2018  
**Transaction ID : SA11A.47426**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. HANDEGARD, RUSSELL, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 217 14TH AVE. W.  
 City WEST FARGO State ND Zip Code 58078-2796  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CURTIS CONSTRUCTION CO, INC. Occupation (for Individual) GENERAL CONTRACTOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : SA11A.47648**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 9 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**North Dakota Republican Party**

**A. HANSON, CARMA, , MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2508 OLSON DR.

City GRAND FORKS	State ND	Zip Code 58201-7555
---------------------	-------------	------------------------

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

Name of Employer (for Individual) ALTRU HEALTH SYSTEM	Occupation (for Individual) NURSE MANAGER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2018

**Transaction ID : SA11A.47497**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**B. JEROME, CHARLES, T., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 312 16TH AVE SE

City DEVILS LAKE	State ND	Zip Code 58301-3407
---------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
236.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2018

**Transaction ID : SA11A.47491**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**C. JOHNSON, WALTER, E., , JR**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1610

City FARGO	State ND	Zip Code 58107-1610
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BES
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2018

**Transaction ID : SA11A.47433**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	475.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 66
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**North Dakota Republican Party**

**A. KAISER, FRANK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8909 76TH AVE SE  
 City MONANGO State ND Zip Code 58436-9165  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KAISER RANCH Occupation (for Individual) RANCHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 03 / 2018  
**Transaction ID : SA11A.47434**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**B. KELLER, SINDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6294 13TH CIRCLE S.  
 City FARGO State ND Zip Code 58104-7236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BRANDT HOLDINGS Occupation (for Individual) EMPLOYEE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : SA11A.47650**  
 Amount of Each Receipt this Period 300.00  
 Memo Item CONTRIBUTION

**C. KERIAN , JAMES, D., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 46 W 16TH ST  
 City GRAFTON State ND Zip Code 58237-2011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KERIAN MACHINES Occupation (for Individual) ENGINEER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 7036.50

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11A.47453**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2550.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 11 OF 66
	<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 Republican Party**

**A. KJOS, MONTE, W., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 10976  
 City FARGO State ND Zip Code 58106-0976  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) REAL ESTATE BROKER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 04 / 2018  
**Transaction ID : SA11A.47445**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**B. KRIEG, GUY, R., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 408  
 City FARGO State ND Zip Code 58107-0408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : SA11A.47607**  
 Amount of Each Receipt this Period 125.00  
 Memo Item CONTRIBUTION

**C. MARING, BARIMORE, S., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5014 MEADOW CREEK DR.  
 City FARGO State ND Zip Code 58104-7118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) SMALL BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : SA11A.47597**  
 Amount of Each Receipt this Period 125.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 12 OF 66  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**North Dakota Republican Party**

**A. NIELSEN, STUART, D., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6102 125TH AVE. SW  
 City NEW ENGLAND State ND Zip Code 58647-9098  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) FARMING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 01 / 2018  
**Transaction ID : SA11A.47394**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**B. OTTO, ROBERT, J., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8366 134TH AVE NE  
 City CRYSTAL State ND Zip Code 58222-9642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) FARMING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 04 / 2018  
**Transaction ID : SA11A.47446**  
 Amount of Each Receipt this Period 150.00  
 Memo Item CONTRIBUTION

**C. SCHMITZ, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) SELECT ENERGY SERVICES Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : SA11A.47600**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 10350.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 66
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**North Dakota Republican Party**

**A. SENS, DON, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5004 RIVER CREST RD

City GRAND FORKS	State ND	Zip Code 58201-8072
---------------------	-------------	------------------------

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

Name of Employer (for Individual) UND	Occupation (for Individual) PROFESSOR
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		05		2018

**Transaction ID : SA11A.47454**

Amount of Each Receipt this Period  
6500.00

Memo Item  
CONTRIBUTION

**B. SENS, MARYANN, , DR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5004 RIVER CREST RD

City GRAND FORKS	State ND	Zip Code 58201-8072
---------------------	-------------	------------------------

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

Name of Employer (for Individual) UNIVERSITY OF ND -SCHOOL OF MEDICINE	Occupation (for Individual) PHYSICIAN
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		05		2018

**Transaction ID : SA11A.47462**

Amount of Each Receipt this Period  
6000.00

Memo Item  
CONTRIBUTION

**C. SUMMERS, LARRY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 902 4TH ST

City MADDOCK	State ND	Zip Code 58348-7139
-----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		01		2018

**Transaction ID : SA11A.47388**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	13000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 14 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**North Dakota Republican Party**

**A. TOLLEFSON, MARK, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2700 54TH AVE SE  
 City MINOT State ND Zip Code 58701-2970  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TOLLEFSON'S RETAIL GROUP Occupation (for Individual) SALESPERSON  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 12 / 2018  
**Transaction ID : SA11A.47564**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**B. TORGRIMSON, DONALD, L., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1801 76TH ST NW  
 City BURLINGTON State ND Zip Code 58722-9545  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11A.47473**  
 Amount of Each Receipt this Period 230.00  
 Memo Item CONTRIBUTION

**C. WEFALD, ROBERT, O., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 1  
 City BISMARCK State ND Zip Code 58502-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 536.50

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11A.47459**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	980.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 15 OF 66  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**North Dakota Republican Party**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**WHITE, MARTIN, A., MR.,**

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 (for Individual) RETIRED      Occupation (for Individual) RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2018

**Transaction ID : SA11A.47569**

Amount of Each Receipt this Period  
 100.00

Memo Item CONTRIBUTION

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City      State      Zip Code

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

Name of Employer (for Individual)      Occupation (for Individual)

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City      State      Zip Code

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

Name of Employer (for Individual)      Occupation (for Individual)

Receipt For:  
 Primary    General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	34935.00

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

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

FOR LINE NUMBER: PAGE 16 OF 66  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**North Dakota Republican Party**

**A. BADLANDS PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 26141  
 City ALEXANDRIA State VA Zip Code 22313-6141  
 FEC ID number of contributing federal political committee. **C** C00543207  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2018  
**Transaction ID : SA11A.47572**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
**CONTRIBUTION**

**B.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00



**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 17 OF 66
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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 Republican Party**

**A. NRSC TARGETED STATE VICTORY FUND**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00679381

Name of Employer (for Individual)	Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
342123.28

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	12	/	2018

**Transaction ID : SA12.47867**

Amount of Each Receipt this Period  
71017.57

Memo Item  
TRANSFER

TRANSFER OF JOINT FUNDRAISING PROCEEDS

**B. ANSCHUTZ, PHILIP, F, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 555 17TH ST  
STE 2400

City DENVER	State CO	Zip Code 80202-
----------------	-------------	--------------------

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

Name of Employer (for Individual) THE ANSCHUTZ CORP	Occupation (for Individual) INVESTOR
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2018

**Transaction ID : SA12.47896**

Amount of Each Receipt this Period  
6450.00

Memo Item  
TRANSFER

JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

**C. ASTRAUCKAS, JOE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3028 TEMPLEWOOD DR.

City ATLANTA	State GA	Zip Code 30319-
-----------------	-------------	--------------------

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

Name of Employer (for Individual) ORNSTEIN SCHULER INVESTMENTS	Occupation (for Individual) VP OF REAL ESTATE
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
61.11

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2018

**Transaction ID : SA12.47875**

Amount of Each Receipt this Period  
61.11

Memo Item  
TRANSFER

JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

<b>SUBTOTAL</b> of Receipts This Page (optional).....	71017.57
<b>TOTAL</b> This Period (last page this line number only).....	

**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 18 OF 66
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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 Republican Party**

**A. BEAN, MICHAEL, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 535 COLDSTREAM CT NW  
 City ATLANTA State GA Zip Code 30328-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFINITY FINANCIAL Occupation (for Individual) FINANCIAL ADVISOR  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 1944.44

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA12.47890**  
 Amount of Each Receipt this Period 1944.44  
 Memo Item  
 TRANSFER  
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

**B. BROWN, JASON, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3215 MOSS GLEN CT  
 City BUFORD State GA Zip Code 30519-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ORNSTEIN SCHULER INVESTMENTS Occupation (for Individual) VP OF INVESTMENTS  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 61.11

Date of Receipt 09 / 28 / 2018  
**Transaction ID : SA12.47874**  
 Amount of Each Receipt this Period 61.11  
 Memo Item  
 TRANSFER  
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

**C. BUSCH, AUGUST, A., , III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address ONE MIN RIVERS MALL DR.  
 City ST PETERS State MO Zip Code 63376-4320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 6666.67

Date of Receipt 09 / 18 / 2018  
**Transaction ID : SA12.47895**  
 Amount of Each Receipt this Period 416.67  
 Memo Item  
 TRANSFER  
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

**SUBTOTAL** of Receipts This Page (optional)..... 0.00  
**TOTAL** This Period (last page this line number only).....

**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 19 OF 66
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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 Republican Party**

**A. CALABRO, PETER, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 124 MILLSTONE MANOR CT  
 City WOODSTOCK State GA Zip Code 30188-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HABERSHAM INVESTMENTS Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 61.11

Date of Receipt **10 / 09 / 2018**  
**Transaction ID : SA12.47898**  
 Amount of Each Receipt this Period 61.11  
 Memo Item  
 TRANSFER  
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

**B. COLLINS, TODD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1220 E BEACHWOOD DR.  
 City ATLANTA State GA Zip Code 30327-2708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FIVE RIVERS Occupation (for Individual) ECO CAPITALIST  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2222.22

Date of Receipt **09 / 28 / 2018**  
**Transaction ID : SA12.47879**  
 Amount of Each Receipt this Period 1944.44  
 Memo Item  
 TRANSFER  
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

**C. COMERFORD, JAMES, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 THE LANDING  
 City ATLANTA State GA Zip Code 30350-2625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROSCENIUM CAPITAL Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2144.44

Date of Receipt **09 / 28 / 2018**  
**Transaction ID : SA12.47876**  
 Amount of Each Receipt this Period 477.78  
 Memo Item  
 TRANSFER  
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 20 OF 66
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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 Republican Party**

**A. CONKLIN, RANDLE, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 705 TOWN BLVD NE  
 APT 150  
 City BROOKHAVEN State GA Zip Code 30319-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CONKLIN GROUP, INC. Occupation (for Individual) PRINCIPAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 61.11

Date of Receipt **09 / 28 / 2018**  
**Transaction ID : SA12.47880**  
 Amount of Each Receipt this Period 61.11  
 Memo Item  
 TRANSFER  
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

**B. DUHAMEL, WILLIAM, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3881 CLAY ST  
 City SAN FRANCISCO State CA Zip Code 94118-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ROUTE ONE INV CO Occupation (for Individual) MANAGING MEMBER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **10 / 04 / 2018**  
**Transaction ID : SA12.47887**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 TRANSFER  
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

**C. ELLISON, RYAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2372 BATTLE FOREST DR.  
 City MARIETTA State GA Zip Code 30064-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE ELLISON CONSULTING GROUP, LLC Occupation (for Individual) SELF  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1450.00

Date of Receipt **09 / 28 / 2018**  
**Transaction ID : SA12.47873**  
 Amount of Each Receipt this Period 1450.00  
 Memo Item  
 TRANSFER  
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 21 OF 66
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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 Republican Party**

**A. FISHER, JACK, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 570 JUNIPER HILL RD  
 City RENO State NV Zip Code 89519-7944  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) SELF  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **3333.34**

Date of Receipt **09 / 28 / 2018**  
**Transaction ID : SA12.47870**  
 Amount of Each Receipt this Period **2777.78**  
 Memo Item  
 TRANSFER  
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

**B. HANGSLEBEN, DAVE, WILLIAM, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 525 PAINTED CLOUD PL  
 City LAS VEGAS State NV Zip Code 89144-1381  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RELIANCE TELEPHONE Occupation (for Individual) SELF  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **4250.00**

Date of Receipt **09 / 12 / 2018**  
**Transaction ID : SA12.47894**  
 Amount of Each Receipt this Period **577.78**  
 Memo Item  
 TRANSFER  
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

**C. HURD, LISA, ROSE, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1461 MIMOSA CIR SE  
 City SMYRNA State GA Zip Code 30080-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE RADCO COMPANIES Occupation (for Individual) VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **61.11**

Date of Receipt **10 / 05 / 2018**  
**Transaction ID : SA12.47889**  
 Amount of Each Receipt this Period **61.11**  
 Memo Item  
 TRANSFER  
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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 22 OF 66
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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 Republican Party**

**A. KAYNARD, MATTHEW, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1266 WEST PACES FERRY RD #181  
 City ATLANTA State GA Zip Code 30327-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ORNSTEIN-SCHULER INVESTMENTS Occupation (for Individual) COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1450.00

Date of Receipt **09 / 28 / 2018**  
**Transaction ID : SA12.47871**  
 Amount of Each Receipt this Period 1450.00  
 Memo Item  
 TRANSFER  
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

**B. KELLEY, BRYAN, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3500 BLACKS BLUFF RD  
 City ROME State GA Zip Code 30161-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WEBB CREEK MANAGEMENT Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 61.11

Date of Receipt **10 / 05 / 2018**  
**Transaction ID : SA12.47891**  
 Amount of Each Receipt this Period 61.11  
 Memo Item  
 TRANSFER  
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

**C. LOOKE, CECIL, JIM, , III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1100 LOUISIANA STE 200  
 City HOUSTON State TX Zip Code 77002-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WALTER OIL & GAS CORP Occupation (for Individual) VP OF OPERATIONS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 894.44

Date of Receipt **10 / 04 / 2018**  
**Transaction ID : SA12.47899**  
 Amount of Each Receipt this Period 894.44  
 Memo Item  
 TRANSFER  
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 23 OF 66
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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 Republican Party**

**A. MILLS, MATTHEW, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13722 COUNTY RD 642  
 City DEXTER State MO Zip Code 63841-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) RE INVESTMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2777.78

Date of Receipt 09 / 28 / 2018  
**Transaction ID : SA12.47872**  
 Amount of Each Receipt this Period 2777.78  
 Memo Item TRANSFER  
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

**B. O'TOOLE, SEAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1605 SADDLE RIDGE WAY  
 City ATLANTA State GA Zip Code 30350-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1908 CAPITAL Occupation (for Individual) MANAGING DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 477.78

Date of Receipt 09 / 28 / 2018  
**Transaction ID : SA12.47877**  
 Amount of Each Receipt this Period 477.78  
 Memo Item TRANSFER  
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

**C. ORNSTEIN, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1266 WEST PACES FERRY RD #181  
 City ATLANTA State GA Zip Code 30327-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 61.11

Date of Receipt 10 / 12 / 2018  
**Transaction ID : SA12.47902**  
 Amount of Each Receipt this Period 61.11  
 Memo Item TRANSFER  
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 24 OF 66
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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 Republican Party**

**A. ORNSTEIN, MATTHEW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 98 ORANGE ST  
 City NEPTUNE BEACH State FL Zip Code 32266-6132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ORNSTEIN SCHULER INVESTMENTS Occupation (for Individual) PRINCIPAL  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 3333.34

Date of Receipt 10 / 12 / 2018  
**Transaction ID : SA12.47901**  
 Amount of Each Receipt this Period 2777.78  
 Memo Item  
 TRANSFER  
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

**B. RANKIN, ALFRED, M, , JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7421 MARKELL RD  
 City WAITE HILL State OH Zip Code 44094-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HYSTER YALE GROUP & HAMILTON BEACH BRA Occupation (for Individual) BUSINESS EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1388.89

Date of Receipt 10 / 01 / 2018  
**Transaction ID : SA12.47881**  
 Amount of Each Receipt this Period 1388.89  
 Memo Item  
 TRANSFER  
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

**C. REINTS, STEVEN, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 SHADOWS BEND DR.  
 City BATON ROUGE State LA Zip Code 70810-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KEYWAY MANAGEMENT Occupation (for Individual) PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 61.11

Date of Receipt 10 / 10 / 2018  
**Transaction ID : SA12.47900**  
 Amount of Each Receipt this Period 61.11  
 Memo Item  
 TRANSFER  
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶



**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 25 OF 66
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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 Republican Party**

**A. ROBERTS, RICHARD, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 120 ARBUTUS DR.  
 City LAKEWOOD State NJ Zip Code 08701-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA12.47893**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item  
 TRANSFER  
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

**B. SCARBROUGH, BRENT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 155 ROBINSON DR.  
 City FAYETTEVILLE State GA Zip Code 30214-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BRENT SCARBROUGH AND CO., INC. Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1944.44

Date of Receipt 10 / 09 / 2018  
**Transaction ID : SA12.47897**  
 Amount of Each Receipt this Period 1944.44  
 Memo Item  
 TRANSFER  
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

**C. SCHULER, BETHANY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 740 CONWAY GLEN DR. NW  
 City ATLANTA State GA Zip Code 30327-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 61.11

Date of Receipt 10 / 12 / 2018  
**Transaction ID : SA12.47903**  
 Amount of Each Receipt this Period 61.11  
 Memo Item  
 TRANSFER  
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

**SUBTOTAL** of Receipts This Page (optional).....▶ 0.00  
**TOTAL** This Period (last page this line number only).....▶

**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 26 OF 66
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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 Republican Party**

**A. SLOSSBERG, TODD, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19 LARKSPUR DR.  
 City CARBONDALE State CO Zip Code 81623-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ASPEN MEADOWS RESORT Occupation (for Individual) CHEF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2777.78

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA12.47892**  
 Amount of Each Receipt this Period 2777.78  
 Memo Item  
 TRANSFER  
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

**B. STANARD, JAMES, N, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 14309  
 City CLEVELAND State OH Zip Code 44114-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 7222.22

Date of Receipt 10 / 02 / 2018  
**Transaction ID : SA12.47882**  
 Amount of Each Receipt this Period 7222.22  
 Memo Item  
 TRANSFER  
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

**C. THORNTON, GEORGE, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 630  
 City EDGEFIELD State SC Zip Code 29824-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NATIONAL WILD TURKEY FEDERATION Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 61.11

Date of Receipt 09 / 28 / 2018  
**Transaction ID : SA12.47878**  
 Amount of Each Receipt this Period 61.11  
 Memo Item  
 TRANSFER  
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 27 OF 66
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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 Republican Party**

**A. WALTER LOOKE, CAROLINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1100 LOUISIANA STE 200  
 City HOUSTON State TX Zip Code 77002-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 WALTER OIL & GAS CORP OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 894.44

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 04 / 2018  
**Transaction ID : SA12.47886**  
 Amount of Each Receipt this Period  
 894.44  
 Memo Item  
 TRANSFER  
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

**B. WALTER, J, C, , III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1100 LOUISIANA STE 200  
 City HOUSTON State TX Zip Code 77002-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 WALTER OIL & GAS CORP OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4761.11

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 04 / 2018  
**Transaction ID : SA12.47885**  
 Amount of Each Receipt this Period  
 4761.11  
 Memo Item  
 TRANSFER  
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

**C. ARKANSAS FOR LEADERSHIP PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 1672  
 City ALEXANDRIA State VA Zip Code 22313-  
 FEC ID number of contributing federal political committee. **C** C00413948  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1388.89

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2018  
**Transaction ID : SA12.47883**  
 Amount of Each Receipt this Period  
 1388.89  
 Memo Item  
 TRANSFER  
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 28 OF 66
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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 Republican Party**

**A. BIG SKY OPPORTUNITY PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 1618  
 City HELENA State MT Zip Code 59624-1618  
 FEC ID number of contributing federal political committee. **C** C00542027  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1176.47

Date of Receipt **07 / 31 / 2018**  
**Transaction ID : SA12.47884**  
 Amount of Each Receipt this Period 65.36  
 Memo Item  
 TRANSFER  
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

**B. BLUEGRASS COMMITTEE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 228 S WASHINGTON ST STE 115  
 City ALEXANDRIA State VA Zip Code 22314-  
 FEC ID number of contributing federal political committee. **C** C00235655  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **10 / 04 / 2018**  
**Transaction ID : SA12.47888**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 TRANSFER  
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

**C. CHARTER COMMUNICATIONS INC PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 400 ATLANTIC ST 10TH FLR  
 City STAMFORD State CT Zip Code 06901-3512  
 FEC ID number of contributing federal political committee. **C** C00426775  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 882.35

Date of Receipt **09 / 25 / 2018**  
**Transaction ID : SA12.47904**  
 Amount of Each Receipt this Period 49.02  
 Memo Item  
 TRANSFER  
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 29 OF 66
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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 Republican Party**

**A. ONE GEORGIA PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 138 CONANT ST  
2ND FLR

City BEVERLY State MA Zip Code 01915-

FEC ID number of contributing federal political committee. **C** C00571208

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
09 / 28 / 2018  
**Transaction ID : SA12.47868**

Amount of Each Receipt this Period  
5000.00

Memo Item  
TRANSFER

JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

**B. THOMPAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 97275

City RALEIGH State NC Zip Code 27624-7275

FEC ID number of contributing federal political committee. **C** C00571323

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3333.34

Date of Receipt  
09 / 28 / 2018  
**Transaction ID : SA12.47869**

Amount of Each Receipt this Period  
1666.67

Memo Item  
TRANSFER

JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

**C. MONTANA REPUBLICAN STATE CENTRAL COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 935

City HELENA State MT Zip Code 59624-

FEC ID number of contributing federal political committee. **C** C00008086

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
70000.00

Date of Receipt  
10 / 11 / 2018  
**Transaction ID : SA12-10005**

Amount of Each Receipt this Period  
70000.00

Memo Item  
TRANSFER

<b>SUBTOTAL</b> of Receipts This Page (optional).....	70000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 30 OF 66
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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 Republican Party**

**A. NRSC INC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 425 2ND ST NE

City WASHINGTON	State DC	Zip Code 20002-4914
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00027466

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
179800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2018

**Transaction ID : SA12-10004**

Amount of Each Receipt this Period  
90000.00

Memo Item  
TRANSFER

**B. REPUBLICAN NATIONAL COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 301 1ST ST SE

City WASHINGTON	State DC	Zip Code 20003-
--------------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C** C00003418

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
456403.30

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2018

**Transaction ID : SA12-10000**

Amount of Each Receipt this Period  
124520.00

Memo Item  
TRANSFER

**C. REPUBLICAN NATIONAL COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 301 1ST ST SE

City WASHINGTON	State DC	Zip Code 20003-
--------------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C** C00003418

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
456403.30

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2018

**Transaction ID : SA12-10001**

Amount of Each Receipt this Period  
16400.00

Memo Item  
TRANSFER

<b>SUBTOTAL</b> of Receipts This Page (optional).....	230920.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 31 OF 66
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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 Republican Party**

**A. REPUBLICAN NATIONAL COMMITTEE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 301 1ST ST SE

City WASHINGTON	State DC	Zip Code 20003-
--------------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C** C00003418

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
456403.30

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2018

**Transaction ID : SA12-10002**

Amount of Each Receipt this Period  
9133.30

Memo Item  
TRANSFER

**B. REPUBLICAN NATIONAL COMMITTEE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 301 1ST ST SE

City WASHINGTON	State DC	Zip Code 20003-
--------------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C** C00003418

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
456403.30

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2018

**Transaction ID : SA12-10003**

Amount of Each Receipt this Period  
126200.00

Memo Item  
TRANSFER

**C.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135333.30
<b>TOTAL</b> This Period (last page this line number only).....▶	507270.87

**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 32 OF 66
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**North Dakota Republican Party**

**A. ARMSTRONG FOR CONGRESS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1515 BURNT BOAT DRIVE  
BOX 112

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

FEC ID number of contributing federal political committee. **C** C00670547

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2018

**Transaction ID : SA17.250**

Amount of Each Receipt this Period  
2800.00

Memo Item  
RENT

**B. HOEVEN FOR SENATE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 861

City BISMARCK	State ND	Zip Code 58502
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00473371

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2340.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2018

**Transaction ID : SA17.249**

Amount of Each Receipt this Period  
234.00

Memo Item  
RENT

**C. DAKOTA PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 3206

City BISMARCK	State ND	Zip Code 58502
------------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
6160.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2018

**Transaction ID : SA17.248**

Amount of Each Receipt this Period  
116.00

Memo Item  
RENT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3150.00



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

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NAME OF COMMITTEE (In Full)  
**North Dakota Republican Party**

Full Name (Last, First, Middle Initial) <b>A. HANSON, SADIE, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 10 / 2018	
Mailing Address 23 UNIVERSITY DR N		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21.10021</b> Amount of Each Disbursement this Period 500.00	
City FARGO	State ND	Zip Code 58102	Category/ Type
Purpose of Disbursement POLITICAL STRATEGY CONSULTING			
Candidate Name		Memo Item <input type="checkbox"/>	
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>B. KEMP, REID, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 10 / 2018	
Mailing Address 23 UNIVERSITY DR N		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21.10020</b> Amount of Each Disbursement this Period 500.00	
City FARGO	State ND	Zip Code 58102	Category/ Type
Purpose of Disbursement POLITICAL STRATEGY CONSULTING			
Candidate Name		Memo Item <input type="checkbox"/>	
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>C. OLSON, TANNER, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 10 / 2018	
Mailing Address 23 UNIVERSITY DR N		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21.10023</b> Amount of Each Disbursement this Period 500.00	
City FARGO	State ND	Zip Code 58102	Category/ Type
Purpose of Disbursement POLITICAL STRATEGY CONSULTING			
Candidate Name		Memo Item <input type="checkbox"/>	
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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NAME OF COMMITTEE (In Full)  
**North Dakota Republican Party**

Full Name (Last, First, Middle Initial) <b>A. PORTER, SARAH, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 10 / 2018	
Mailing Address 23 UNIVERSITY DR N		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21.10022</b> Amount of Each Disbursement this Period 500.00	
City FARGO	State ND	Zip Code 58102	Category/ Type
Purpose of Disbursement POLITICAL STRATEGY CONSULTING			
Candidate Name		Memo Item <input type="checkbox"/>	
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>B. SANFORD, BYRON, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 07 / 2018	
Mailing Address 1029 N 5TH ST		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21.10016</b> Amount of Each Disbursement this Period 140.22	
City BISMARCK	State ND	Zip Code 58501	Category/ Type
Purpose of Disbursement MILEAGE			
Candidate Name		Memo Item <input type="checkbox"/>	
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>C. ADVANTAGE DIRECT</b>		Date of Disbursement MM / DD / YYYY 10 / 03 / 2018	
Mailing Address 2300 CLARENDON BLVD STE 303		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21.10003</b> Amount of Each Disbursement this Period 3702.29	
City ARLINGTON	State VA	Zip Code 22201	Category/ Type
Purpose of Disbursement POLITICAL STRATEGY CONSULTING			
Candidate Name		Memo Item <input type="checkbox"/>	
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4342.51
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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NAME OF COMMITTEE (In Full)  
**North Dakota Republican Party**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address PO BOX 84314

City: BATON ROUGE State: LA Zip Code: 70884

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2018

FEC Identification Number

C [ ]

Transaction ID : SB21.10001

Amount of Each Disbursement this Period

[ ] 34.42

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address PO BOX 84314

City: BATON ROUGE State: LA Zip Code: 70884

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 02 / 2018

FEC Identification Number

C [ ]

Transaction ID : SB21.10002

Amount of Each Disbursement this Period

[ ] 9.83

Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address PO BOX 84314

City: BATON ROUGE State: LA Zip Code: 70884

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2018

FEC Identification Number

C [ ]

Transaction ID : SB21.10006

Amount of Each Disbursement this Period

[ ] 1.18

Memo Item

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

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

[ ] 45.43

[ ]

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

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NAME OF COMMITTEE (In Full)

**North Dakota Republican Party**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address PO BOX 84314

City  
BATON ROUGE

State  
LA

Zip Code  
70884

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			04			2018			

FEC Identification Number

**C** [ ]

**Transaction ID : SB21.10008**

Amount of Each Disbursement this Period

[ ] 2.05

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address PO BOX 84314

City  
BATON ROUGE

State  
LA

Zip Code  
70884

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			05			2018			

FEC Identification Number

**C** [ ]

**Transaction ID : SB21.10009**

Amount of Each Disbursement this Period

[ ] 61.07

Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address PO BOX 84314

City  
BATON ROUGE

State  
LA

Zip Code  
70884

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2018			

FEC Identification Number

**C** [ ]

**Transaction ID : SB21.10012**

Amount of Each Disbursement this Period

[ ] 17.56

Memo Item

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

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

[ ] 80.68

[ ]

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

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NAME OF COMMITTEE (In Full)  
**North Dakota Republican Party**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address PO BOX 84314

City **BATON ROUGE** State **LA** Zip Code **70884**

Purpose of Disbursement  
**CREDIT CARD PROCESSING FEE**

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21.10017**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address PO BOX 84314

City **BATON ROUGE** State **LA** Zip Code **70884**

Purpose of Disbursement  
**CREDIT CARD PROCESSING FEE**

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21.10018**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address PO BOX 84314

City **BATON ROUGE** State **LA** Zip Code **70884**

Purpose of Disbursement  
**CREDIT CARD PROCESSING FEE**

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21.10019**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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NAME OF COMMITTEE (In Full)  
**North Dakota Republican Party**

**A. ANEDOT**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 84314

City BATON ROUGE State LA Zip Code 70884

Purpose of Disbursement CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 11 / 2018

FEC Identification Number: C

Transaction ID : SB21.10024

Amount of Each Disbursement this Period: 2.36

Memo Item

**B. ANEDOT**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 84314

City BATON ROUGE State LA Zip Code 70884

Purpose of Disbursement CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 12 / 2018

FEC Identification Number: C

Transaction ID : SB21.10025

Amount of Each Disbursement this Period: 4.65

Memo Item

**C. ANEDOT**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 84314

City BATON ROUGE State LA Zip Code 70884

Purpose of Disbursement CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 14 / 2018

FEC Identification Number: C

Transaction ID : SB21.10037

Amount of Each Disbursement this Period: 4.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 11.01

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

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

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NAME OF COMMITTEE (In Full)

**North Dakota Republican Party**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address PO BOX 84314

City  
BATON ROUGE

State  
LA

Zip Code  
70884

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2018			

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21.10041**

Amount of Each Disbursement this Period

[REDACTED] 2.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address PO BOX 84314

City  
BATON ROUGE

State  
LA

Zip Code  
70884

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2018			

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21.10042**

Amount of Each Disbursement this Period

[REDACTED] 374.79

Memo Item

Full Name (Last, First, Middle Initial)

**C. ARENA COMMUNICATIONS**

Mailing Address 1780 W. SEQUOIA VISTA CIRCLE

City  
SALT LAKE CITY

State  
UT

Zip Code  
84104

Purpose of Disbursement  
PRINTING/POSTAGE

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2018			

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21.10039**

Amount of Each Disbursement this Period

[REDACTED] 82288.00

Memo Item

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

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

[REDACTED] 82664.79

[REDACTED]

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

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NAME OF COMMITTEE (In Full)

**North Dakota Republican Party**

Full Name (Last, First, Middle Initial)

**A. CAVALIER COMMUNICATIONS LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2018

Mailing Address 1701 W 31ST ST

FEC Identification Number

C
---

**Transaction ID : SB21.10040**

Amount of Each Disbursement this Period

9127.20
---------

Memo Item

City  
AUSTIN

State  
TX

Zip Code  
75024

Purpose of Disbursement  
PRINTING/POSTAGE

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. FIRST CHOICE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		03		2018

Mailing Address 2301 12TH ST N

FEC Identification Number

C
---

**Transaction ID : SB21.10007**

Amount of Each Disbursement this Period

919.13
--------

Memo Item

City  
FARGO

State  
ND

Zip Code  
58102

Purpose of Disbursement  
COLLATERAL MATERIALS-T-SHIRTS

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. MIDCONTINENT COMMUNICATIONS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		08		2018

Mailing Address PO BOC 5010

FEC Identification Number

C
---

**Transaction ID : SB21.10044**

Amount of Each Disbursement this Period

255.00
--------

Memo Item

City  
SIOUX FALLS

State  
SD

Zip Code  
57117

Purpose of Disbursement  
UTILITIES

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

10301.33
----------

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

--



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

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NAME OF COMMITTEE (In Full)  
**North Dakota Republican Party**

Full Name (Last, First, Middle Initial)

**A. MIDCONTINENT COMMUNICATIONS**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			10			2018			

Mailing Address PO BOC 5010

FEC Identification Number

**C** [ ]

**Transaction ID : SB21.10045**  
Amount of Each Disbursement this Period

[ ] 515.00

Memo Item

City SIOUX FALLS State SD Zip Code 57117

Purpose of Disbursement  
UTILITIES

[ ]  
Category/  
Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

**B. POLITICAL SOCIAL MEDIA LLC**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			05			2018			

Mailing Address 2021 L ST NW  
STE 101-220

FEC Identification Number

**C** [ ]

**Transaction ID : SB21.10010**  
Amount of Each Disbursement this Period

[ ] 4000.00

Memo Item

City WASHINGTON State DC Zip Code 20037

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

[ ]  
Category/  
Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

**C. SHORT PRINTER**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2018			

Mailing Address 3005 MAIN AVE

FEC Identification Number

**C** [ ]

**Transaction ID : SB21.10005**  
Amount of Each Disbursement this Period

[ ] 731.00

Memo Item

City FARGO State ND Zip Code 58103

Purpose of Disbursement  
PRINTING

[ ]  
Category/  
Type

Candidate Name

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

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

[ ] 5246.00

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

[ ]

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

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NAME OF COMMITTEE (In Full)  
**North Dakota Republican Party**

Full Name (Last, First, Middle Initial)

**A. SHORT PRINTER**

Mailing Address 3005 MAIN AVE

City FARGO State ND Zip Code 58103

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 08 / 2018

FEC Identification Number

C

Transaction ID : SB21.10013

Amount of Each Disbursement this Period

151.26

Memo Item

Full Name (Last, First, Middle Initial)

**B. STARION BANK**

Mailing Address PO BOX 777

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 02 / 2018

FEC Identification Number

C

Transaction ID : SB21.10014

Amount of Each Disbursement this Period

40.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. STARION BANK**

Mailing Address PO BOX 777

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 12 / 2018

FEC Identification Number

C

Transaction ID : SB21.10038

Amount of Each Disbursement this Period

40.00

Memo Item

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

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

231.26

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

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NAME OF COMMITTEE (In Full)

**North Dakota Republican Party**

Full Name (Last, First, Middle Initial)

**A. STARION BANK**

Mailing Address PO BOX 777

City  
BISMARCK

State  
ND

Zip Code  
58502

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2018			

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21.10043**

Amount of Each Disbursement this Period

[REDACTED] 60.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 185 BERRY ST  
SUITE 550

City  
SAN FRANCISCO

State  
CA

Zip Code  
94107

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2018			

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21.10015**

Amount of Each Disbursement this Period

[REDACTED] 2.80

Memo Item

Full Name (Last, First, Middle Initial)

**C. US POSTAL SERVICE**

Mailing Address 220 EAST ROSSER AVE

City  
BISMARCK

State  
ND

Zip Code  
58501

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			12			2018			

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21.10026**

Amount of Each Disbursement this Period

[REDACTED] 300.00

Memo Item

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

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

[REDACTED] 362.80

[REDACTED] 104813.97

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**North Dakota Republican Party**

Full Name (Last, First, Middle Initial) <b>A. EINARSON, LANDEN, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2018	
Mailing Address 1125 16TH ST N		FEC Identification Number C [ ] <b>Transaction ID : SB30.50002</b> Amount of Each Disbursement this Period [ ] 1041.56	
City DFARGO	State ND	Zip Code 58102	Category/ Type [ ]
Purpose of Disbursement PAYROLL		Candidate Name	
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>B. KOBUS, HEATHER, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2018	
Mailing Address 920 CASCADE WAY NW APT 310		FEC Identification Number C [ ] <b>Transaction ID : SB30.50001</b> Amount of Each Disbursement this Period [ ] 1536.76	
City MANDAN	State ND	Zip Code 58554	Category/ Type [ ]
Purpose of Disbursement PAYROLL		Candidate Name	
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>C. LUCERO, TERIN, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2018	
Mailing Address 1144 COLLEGE ST N		FEC Identification Number C [ ] <b>Transaction ID : SB30.50003</b> Amount of Each Disbursement this Period [ ] 523.63	
City FARGO	State ND	Zip Code 58102	Category/ Type [ ]
Purpose of Disbursement PAYROLL		Candidate Name	
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 3101.95
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**North Dakota Republican Party**

Full Name (Last, First, Middle Initial)

**A. NUNNENKAMP, PHILIPPE, , ,**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			15			2018					

Mailing Address 1222 4TH AVE N  
403

City FARGO State ND Zip Code 58102

Purpose of Disbursement  
PAYROLL

FEC Identification Number

C [REDACTED]

**Transaction ID : SB30.50004**  
Amount of Each Disbursement this Period

[REDACTED] 2012.94

Memo Item

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. OLSON, TANNER, , ,**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			15			2018					

Mailing Address 1029 N 5TH ST

City BISMARCK State ND Zip Code 58501

Purpose of Disbursement  
PAYROLL

FEC Identification Number

C [REDACTED]

**Transaction ID : SB30.50005**  
Amount of Each Disbursement this Period

[REDACTED] 424.17

Memo Item

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. SANFORD, BYRON, , ,**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			15			2018					

Mailing Address 1029 N 5TH ST

City BISMARCK State ND Zip Code 58501

Purpose of Disbursement  
PAYROLL

FEC Identification Number

C [REDACTED]

**Transaction ID : SB30.50006**  
Amount of Each Disbursement this Period

[REDACTED] 1758.98

Memo Item

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

[REDACTED] 4196.09

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

[REDACTED]

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**North Dakota Republican Party**

Full Name (Last, First, Middle Initial)

**A. SCHEFTER, DAWSON, , ,**

Mailing Address 5000 28TH AVE S  
UNIT 304

City FARGO State ND Zip Code 58103

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB30.50007**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. WILKINS, JACOB, , ,**

Mailing Address 1029 N 5TH ST

City BISMARCK State ND Zip Code 58501

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB30.50009**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. WINBAUER, COLE, , ,**

Mailing Address 3142 MORGAN CIRCLE

City BISMARCK State ND Zip Code 58503

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB30.50008**  
Amount of Each Disbursement this Period

Memo Item

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

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

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**North Dakota Republican Party**

Full Name (Last, First, Middle Initial)

**A. NORTH DAKOTA COLLEGE REPUBLICANS**

Mailing Address 23 UNIVERSITY DR N

City FARGO State ND Zip Code 58102

Purpose of Disbursement GOTV

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 05 / 2018

FEC Identification Number

C

Transaction ID : SB30b.777

Amount of Each Disbursement this Period

2600.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. PAYCHEX**

Mailing Address 911 PANORAMA TRAIL S

City ROCHESTER State NY Zip Code 14625

Purpose of Disbursement PAYROLL SVC/TAXES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2018

FEC Identification Number

C

Transaction ID : SB30.50000

Amount of Each Disbursement this Period

4167.77

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

6767.77

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

19262.69

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>North Dakota Republican Party</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00018929
---	--

Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>STORYTELLERS GROUP LLC</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address <b>PO BOX 577001</b>			Amount <input type="text"/>		
City <b>CHICAGO</b>	State <b>IL</b>	Zip Code <b>60657</b>	<b>Transaction ID : SE24-1.0001</b>		
Purpose of Expenditure <b>PRINTING/POSTAGE/PRODUCTION</b>		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: <b>CRAMER, KEVIN, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>ND</u>		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		<b>596712.08</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <input type="checkbox"/> Memo Item <b>STORYTELLERS GROUP LLC</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address <b>PO BOX 577001</b>			Amount <input type="text"/>		
City <b>CHICAGO</b>	State <b>IL</b>	Zip Code <b>60657</b>	<b>Transaction ID : SE24-1.0002</b>		
Purpose of Expenditure <b>PRINTING/POSTAGE/PRODUCTION</b>		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: <b>HEITKAMP, HEIDI, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>ND</u>		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		<b>596712.08</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	<input type="text"/>
(c) <b>TOTAL</b> Independent Expenditures .....	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HACKER, NICHOLAS, , , *[Electronically Filed]* Date  /  /   
Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) North Dakota Republican Party
FEC IDENTIFICATION NUMBER C C00018929

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee STORYTELLERS GROUP LLC
Mailing Address PO BOX 577001
City CHICAGO State IL Zip Code 60657
Purpose of Expenditure PRINTING/POSTAGE/PRODUCTION
Name of Federal Candidate: CRAMER, KEVIN, , , Support
Office Sought: Senate State: ND
Disbursement For: General 2018
Amount 11789.50
Transaction ID: SE24-1.0003
Date of Disbursement or Obligation 10/01/2018

Full Name of Payee STORYTELLERS GROUP LLC
Mailing Address PO BOX 577001
City CHICAGO State IL Zip Code 60657
Purpose of Expenditure PRINTING/POSTAGE/PRODUCTION
Name of Federal Candidate: HEITKAMP, HEIDI, , , Oppose
Office Sought: Senate State: ND
Disbursement For: General 2018
Amount 11789.50
Transaction ID: SE24-1.0004
Date of Disbursement or Obligation 10/01/2018

(a) SUBTOTAL of Itemized Independent Expenditures 23579.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HACKER, NICHOLAS, , ,

[Electronically Filed]

Date 10/10/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) North Dakota Republican Party
FEC IDENTIFICATION NUMBER C C00018929

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee STORYTELLERS GROUP LLC
Mailing Address PO BOX 577001
City CHICAGO State IL Zip Code 60657
Purpose of Expenditure PRINTING/POSTAGE/PRODUCTION
Date of Public Distribution/Dissemination 10/09/2018
Amount 24719.00
Transaction ID: SE24-1.0005
Date of Disbursement or Obligation 10/01/2018
Name of Federal Candidate: HEITKAMP, HEIDI, , ,
Support Oppose
Office Sought: House Senate
District: 00 State: ND
Calendar Year-To-Date Per Election for Office Sought 596712.08
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee FORUM COMMUNICATIONS COMPANY
Mailing Address PO BOX 2020
City FARGO State ND Zip Code 58107
Purpose of Expenditure ADVERTISING
Date of Public Distribution/Dissemination 10/03/2018
Amount 260.00
Transaction ID: SE24-1.0006
Date of Disbursement or Obligation 10/03/2018
Name of Federal Candidate: CRAMER, KEVIN, , ,
Support Oppose
Office Sought: House Senate
District: 00 State: ND
Calendar Year-To-Date Per Election for Office Sought 596712.08
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 24979.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HACKER, NICHOLAS, , ,

[Electronically Filed]

Date

10/10/2018

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>North Dakota Republican Party</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00018929
---	--

Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>FORUM COMMUNICATIONS COMPANY</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address <b>PO BOX 2020</b>		Amount <input type="text"/>	
City <b>FARGO</b>	State <b>ND</b>	Zip Code <b>58107</b>	<b>Transaction ID : SE24-1.0007</b>
Purpose of Expenditure <b>ADVERTISING</b>		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: <b>HEITKAMP, HEIDI, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>ND</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item <b>FORUM COMMUNICATIONS COMPANY</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address <b>PO BOX 2020</b>		Amount <input type="text"/>	
City <b>FARGO</b>	State <b>ND</b>	Zip Code <b>58107</b>	<b>Transaction ID : SE24-1.0008</b>
Purpose of Expenditure <b>ADVERTISING</b>		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: <b>CRAMER, KEVIN, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>ND</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....	<input type="text"/>
<b>(c) TOTAL</b> Independent Expenditures .....	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HACKER, NICHOLAS, , , [Electronically Filed] Date  /  /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
North Dakota Republican Party
FEC IDENTIFICATION NUMBER
C C00018929

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
FORUM COMMUNICATIONS COMPANY
Mailing Address PO BOX 2020
City FARGO State ND Zip Code 58107
Purpose of Expenditure ADVERTISING
Name of Federal Candidate: HEITKAMP, HEIDI, ,
Calendar Year-To-Date Per Election for Office Sought 596712.08
Date of Public Distribution/Dissemination 10/03/2018
Amount 200.00
Transaction ID : SE24-1.0009
Date of Disbursement or Obligation 10/03/2018
Office Sought: Senate State: ND
Disbursement For: General 2018

Full Name of Payee
FORUM COMMUNICATIONS COMPANY
Mailing Address PO BOX 2020
City FARGO State ND Zip Code 58107
Purpose of Expenditure ADVERTISING
Name of Federal Candidate: CRAMER, KEVIN, ,
Calendar Year-To-Date Per Election for Office Sought 596712.08
Date of Public Distribution/Dissemination 10/06/2018
Amount 920.00
Transaction ID : SE24-1.0010
Date of Disbursement or Obligation 10/03/2018
Office Sought: Senate State: ND
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 1120.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HACKER, NICHOLAS, , [Electronically Filed] Date 10/10/2018
Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>North Dakota Republican Party</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> C00018929                 </div>
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Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>FORUM COMMUNICATIONS COMPANY</b>			Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 10 / 06 / 2018
Mailing Address <b>PO BOX 2020</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">920.00</span> </div> Transaction ID : <b>SE24-1.0011</b> Date of Disbursement or Obligation <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 10 / 03 / 2018
City <b>FARGO</b>	State <b>ND</b>	Zip Code <b>58107</b>	
Purpose of Expenditure <b>ADVERTISING</b>		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	
Name of Federal Candidate: <b>HEITKAMP, HEIDI, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>ND</u>
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">▶</span>		<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">596712.08</span> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>FORUM COMMUNICATIONS COMPANY</b>			Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 10 / 06 / 2018
Mailing Address <b>PO BOX 2020</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">480.00</span> </div> Transaction ID : <b>SE24-1.0012</b> Date of Disbursement or Obligation <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 10 / 08 / 2018
City <b>FARGO</b>	State <b>ND</b>	Zip Code <b>58107</b>	
Purpose of Expenditure <b>ADVERTISING</b>		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	
Name of Federal Candidate: <b>CRAMER, KEVIN, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>ND</u>
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">▶</span>		<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">596712.08</span> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">1400.00</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;"> </span> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HACKER, NICHOLAS, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
 10 / 10 / 2018

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>North Dakota Republican Party</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00018929
---	--

Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>FORUM COMMUNICATIONS COMPANY</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address <b>PO BOX 2020</b>			Amount <input type="text"/>		
City <b>FARGO</b>	State <b>ND</b>	Zip Code <b>58107</b>	<b>Transaction ID : SE24-1.0013</b>		
Purpose of Expenditure <b>ADVERTISING</b>		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: <b>HEITKAMP, HEIDI, , ,</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>ND</u>		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> <b>596712.08</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item <b>FORUM COMMUNICATIONS COMPANY</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address <b>PO BOX 2020</b>			Amount <input type="text"/>		
City <b>FARGO</b>	State <b>ND</b>	Zip Code <b>58107</b>	<b>Transaction ID : SE24-1.0014</b>		
Purpose of Expenditure <b>ADVERTISING</b>		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: <b>CRAMER, KEVIN, , ,</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>ND</u>		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> <b>596712.08</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> <b>800.00</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....	<input type="text"/>
<b>(c) TOTAL</b> Independent Expenditures .....	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HACKER, NICHOLAS, , , [Electronically Filed] Date  /  /

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>North Dakota Republican Party</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00018929
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Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>FORUM COMMUNICATIONS COMPANY</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address <b>PO BOX 2020</b>		Amount <input type="text"/>	
City <b>FARGO</b>	State <b>ND</b>	Zip Code <b>58107</b>	<b>Transaction ID : SE24-1.0015</b>
Purpose of Expenditure <b>ADVERTISING</b>		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: <b>HEITKAMP, HEIDI, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>ND</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item <b>STORYTELLERS GROUP LLC</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address <b>PO BOX 577001</b>		Amount <input type="text"/>	
City <b>CHICAGO</b>	State <b>IL</b>	Zip Code <b>60657</b>	<b>Transaction ID : SE24-1.0016</b>
Purpose of Expenditure <b>PRINTING/POSTAGE/PRODUCTION</b>		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: <b>CRAMER, KEVIN, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>ND</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....	<input type="text"/>
<b>(c) TOTAL</b> Independent Expenditures .....	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HACKER, NICHOLAS, , , [Electronically Filed] Date  /  /

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>North Dakota Republican Party</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00018929
---	--

Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>STORYTELLERS GROUP LLC</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address <b>PO BOX 577001</b>			Amount <input type="text"/>		
City <b>CHICAGO</b>	State <b>IL</b>	Zip Code <b>60657</b>	<b>Transaction ID : SE24-1.0017</b>		
Purpose of Expenditure <b>PRINTING/POSTAGE/PRODUCTION</b>		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: <b>HEITKAMP, HEIDI, , ,</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>ND</u>		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> <b>596712.08</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item <b>VISA</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address <b>PO BOX 4512</b>			Amount <input type="text"/>		
City <b>CAROL STREAM</b>	State <b>IL</b>	Zip Code <b>60197</b>	<b>Transaction ID : SE24-1.0018</b>		
Purpose of Expenditure <b>MEDIA</b>		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: <b>HEITKAMP, HEIDI, , ,</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>ND</u>		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> <b>596712.08</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> <b>52195.50</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....	<input type="text"/>
<b>(c) TOTAL</b> Independent Expenditures .....	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HACKER, NICHOLAS, , , [Electronically Filed] Date  /  /

Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
North Dakota Republican Party
FEC IDENTIFICATION NUMBER
C C00018929

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: SNAPCHAT
Mailing Address: 523 OCEANFRONT WALK
City: VENICE State: CA Zip Code: 90291
Purpose of Expenditure: MEDIA
Name of Federal Candidate: HEITKAMP, HEIDI, ,
Calendar Year-To-Date Per Election for Office Sought: 596712.08
Date of Public Distribution/Dissemination: 10/05/2018
Amount: 250.00
Transaction ID: SE24-2.0001
Date of Disbursement or Obligation: 10/08/2018
Disbursement For: General 2018

Full Name of Payee: VISA
Mailing Address: PO BOX 4512
City: CAROL STREAM State: IL Zip Code: 60197
Purpose of Expenditure: MEDIA
Name of Federal Candidate: HEITKAMP, HEIDI, ,
Calendar Year-To-Date Per Election for Office Sought: 596712.08
Date of Public Distribution/Dissemination: 10/05/2018
Amount: 250.00
Transaction ID: SE24-1.0019
Date of Disbursement or Obligation: 10/08/2018
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures: 250.00
(b) SUBTOTAL of Unitemized Independent Expenditures:
(c) TOTAL Independent Expenditures:

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HACKER, NICHOLAS, ,

[Electronically Filed]

Date 10/10/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
North Dakota Republican Party
FEC IDENTIFICATION NUMBER
C C00018929

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: SNAPCHAT
Mailing Address: 523 OCEANFRONT WALK
City: VENICE State: CA Zip Code: 90291
Purpose of Expenditure: MEDIA
Name of Federal Candidate: CRAMER, KEVIN, , ,
Amount: 250.00
Transaction ID: SE24-2.0002
Date of Disbursement or Obligation: 10/08/2018

Full Name of Payee: FORUM COMMUNICATIONS COMPANY
Mailing Address: PO BOX 2020
City: FARGO State: ND Zip Code: 58107
Purpose of Expenditure: ADVERTISING
Name of Federal Candidate: CRAMER, KEVIN, , ,
Amount: 440.00
Transaction ID: SE24-1.0020
Date of Disbursement or Obligation: 10/10/2018

(a) SUBTOTAL of Itemized Independent Expenditures ..... 440.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HACKER, NICHOLAS, , ,
Signature

[Electronically Filed]

Date 10/10/2018

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>North Dakota Republican Party</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00018929
---	--

Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>FORUM COMMUNICATIONS COMPANY</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address <b>PO BOX 2020</b>		Amount <input type="text"/> 440.00 <b>Transaction ID : SE24-1.0021</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City <b>FARGO</b>	State <b>ND</b>	
Zip Code <b>58107</b>	Category/Type <input type="text"/>	
Purpose of Expenditure <b>ADVERTISING</b>		Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <b>HEITKAMP, HEIDI, , ,</b>
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <b>HEITKAMP, HEIDI, , ,</b>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>ND</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 596712.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>STORYTELLERS GROUP LLC</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address <b>PO BOX 577001</b>		Amount <input type="text"/> 29070.00 <b>Transaction ID : SE24-1.0022</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City <b>CHICAGO</b>	State <b>IL</b>	
Zip Code <b>60657</b>	Category/Type <input type="text"/>	
Purpose of Expenditure <b>PRINTING/POSTAGE/PRODUCTION</b>		Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <b>CRAMER, KEVIN, , ,</b>
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <b>CRAMER, KEVIN, , ,</b>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>ND</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 596712.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 29510.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	<input type="text"/>
(c) <b>TOTAL</b> Independent Expenditures .....	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HACKER, NICHOLAS, , ,

*[Electronically Filed]*

Date

/  /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
North Dakota Republican Party
FEC IDENTIFICATION NUMBER
C C00018929

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
FORUM COMMUNICATIONS COMPANY
Mailing Address PO BOX 2020
City FARGO State ND Zip Code 58107
Purpose of Expenditure ADVERTISING
Name of Federal Candidate: CRAMER, KEVIN, , ,
Calendar Year-To-Date Per Election for Office Sought 596712.08
Disbursement For: General 2018

Full Name of Payee
FORUM COMMUNICATIONS COMPANY
Mailing Address PO BOX 2020
City FARGO State ND Zip Code 58107
Purpose of Expenditure ADVERTISING
Name of Federal Candidate: HEITKAMP, HEIDI, , ,
Calendar Year-To-Date Per Election for Office Sought 596712.08
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 560.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HACKER, NICHOLAS, , ,

[Electronically Filed]

Date

10 / 17 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
North Dakota Republican Party
FEC IDENTIFICATION NUMBER
C C00018929

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
FORUM COMMUNICATIONS COMPANY
Mailing Address PO BOX 2020
City FARGO State ND Zip Code 58107
Purpose of Expenditure ADVERTISING
Name of Federal Candidate: CRAMER, KEVIN, , ,
Calendar Year-To-Date Per Election for Office Sought 596712.08
Disbursement For: General 2018

Full Name of Payee
FORUM COMMUNICATIONS COMPANY
Mailing Address PO BOX 2020
City FARGO State ND Zip Code 58107
Purpose of Expenditure ADVERTISING
Name of Federal Candidate: HEITKAMP, HEIDI, , ,
Calendar Year-To-Date Per Election for Office Sought 596712.08
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 560.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HACKER, NICHOLAS, , ,

[Electronically Filed]

Date 10 / 17 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
North Dakota Republican Party
FEC IDENTIFICATION NUMBER
C C00018929

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: STORYTELLERS GROUP LLC
Mailing Address: PO BOX 577001
City: CHICAGO State: IL Zip Code: 60657
Purpose of Expenditure: PRINTING/POSTAGE/PRODUCTION
Category/Type:
Name of Federal Candidate: ARMSTRONG, KELLY, , ,
Support: [X] Oppose: [ ]
Office Sought: House [X] Senate [ ] President [ ]
District: 00 State: ND
Amount: 9796.00
Transaction ID: SE24-1.0027
Date of Disbursement or Obligation: 10/15/2018
Disbursement For: General [X] Primary [ ] Other [ ]

Full Name of Payee: STORYTELLERS GROUP LLC
Mailing Address: PO BOX 577001
City: CHICAGO State: IL Zip Code: 60657
Purpose of Expenditure: PRINTING/POSTAGE/PRODUCTION
Category/Type:
Name of Federal Candidate: HEITKAMP, HEIDI, , ,
Support: [ ] Oppose: [X]
Office Sought: Senate [X] House [ ] President [ ]
District: 00 State: ND
Amount: 109855.00
Transaction ID: SE24-1.0028
Date of Disbursement or Obligation: 10/16/2018
Disbursement For: General [X] Primary [ ] Other [ ]

Table with 2 columns: Description and Amount.
(a) SUBTOTAL of Itemized Independent Expenditures: 119651.00
(b) SUBTOTAL of Unitemized Independent Expenditures:
(c) TOTAL Independent Expenditures: 358652.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HACKER, NICHOLAS, , ,

[Electronically Filed]

Date

10 / 17 / 2018

Signature

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

North Dakota Republican Party

Form A: BUZZ360 LLC. Transaction ID: SH.500001. Mailing Address: 1406 W LAKE #210, Minneapolis, MN 55408. Purpose: WEB SERVICE. Activity: ADMINISTRATIVE. Allocated Activity: Administrative. Year-To-Date: 113716.71. Date: 10/03/2018. Summary: FEDERAL SHARE 73.50, NONFEDERAL SHARE 276.50, TOTAL AMOUNT 350.00.

Form B: WASTE MANAGEMENT OF WI-MN. Transaction ID: SH.500002. Mailing Address: PO BOX 4648, Carol Stream, IL 60197. Purpose: UTILITIES. Activity: ADMINISTRATIVE. Allocated Activity: Administrative. Year-To-Date: 113778.26. Date: 10/03/2018. Summary: FEDERAL SHARE 12.92, NONFEDERAL SHARE 48.63, TOTAL AMOUNT 61.55.

Form C: BRADY MARTZ & ASSOCIATES PC. Transaction ID: SH.500003. Mailing Address: PO BOX 1297, Bismarck, ND 58502. Purpose: ACCOUNTING SERVICES. Activity: ADMINISTRATIVE. Allocated Activity: Administrative. Year-To-Date: 123268.26. Date: 10/03/2018. Summary: FEDERAL SHARE 1992.90, NONFEDERAL SHARE 7497.10, TOTAL AMOUNT 9490.00.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 2079.32, 7822.23, 9901.55.

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values are empty.

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

North Dakota Republican Party

**A.** Full Name (Last, First, Middle Initial) **Transaction ID : SH.500004**  Memo Item

**CMDI**

Mailing Address 1593 SPRING HILL RD, STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement: DATABASE MANAGEMENT SVC

Activity or Event Identifier: **ADMINISTRATIVE**

Allocated Activity or Event:  Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 124117.88

Date: 10 / 12 / 2018

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
178.42		671.20		849.62

**B.** Full Name (Last, First, Middle Initial) **Transaction ID : SH.500005**  Memo Item

**MARCO**

Mailing Address PO BOX 660831

City DALLAS State TX Zip Code 75266

Purpose of Disbursement: EQUIPMENT RENTAL

Activity or Event Identifier: ADMINISTRATIVE

Allocated Activity or Event:  Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 124575.84

Date: 10 / 10 / 2018

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
96.17		361.79		457.96

**C.** Full Name (Last, First, Middle Initial) **Transaction ID : SH.500006**  Memo Item

**RIGHTSIDE COMPLIANCE LLC**

Mailing Address PO BOX 341027

City AUSTIN State TX Zip Code 78734

Purpose of Disbursement: COMPLIANCE CONSULTING

Activity or Event Identifier: ADMINISTRATIVE

Allocated Activity or Event:  Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 127756.81

Date: 10 / 08 / 2018

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
668.00		2512.97		3180.97

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
942.59		3545.96		4488.55

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT



SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

North Dakota Republican Party

**A.** Full Name (Last, First, Middle Initial) **Transaction ID : SH.500007**  Memo Item

**RAMBOUGH, JANEAN, M, ,**

Mailing Address 2103 ASSUMPTION DR

City BISMARCK State ND Zip Code 58501

Purpose of Disbursement: PAYROLL

Activity or Event Identifier: ADMINISTRATIVE

Allocated Activity or Event:  Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 129378.93

Date: 10 / 15 / 2018

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
340.65		1281.47		1622.12

**B.** Full Name (Last, First, Middle Initial) **Transaction ID : SH.500008**  Memo Item

**PAYCHEX**

Mailing Address 911 PANORAMA TRAIL S

City ROCHESTER State NY Zip Code 14625

Purpose of Disbursement: PAYROLL

Activity or Event Identifier: ADMINISTRATIVE

Allocated Activity or Event:  Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 130043.03

Date: 10 / 15 / 2018

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
139.46		524.64		664.10

**C.** Full Name (Last, First, Middle Initial) **Transaction ID : SH.500009**  Memo Item

**WORKFORCE SAFETY & INSURANCE**

Mailing Address PO BOX 5585

City BISMARCK State ND Zip Code 58506

Purpose of Disbursement: INAURANCE

Activity or Event Identifier: ADMINISTRATIVE

Allocated Activity or Event:  Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 130779.64

Date: 10 / 10 / 2018

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
154.68		581.93		736.61

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
634.79		2388.04		3022.83

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

North Dakota Republican Party

A. Full Name (Last, First, Middle Initial) Transaction ID : SH.500010  Memo Item

**DAKOTA AWARDS**

Mailing Address 301 EAST FRONT AVE  
SUITE 100

City BISMARCK State ND Zip Code 58504

Purpose of Disbursement: OFFICE SUPPLIES

Activity or Event Identifier: ADMINISTRATIVE

Allocated Activity or Event:  Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 130800.93

Date: 10 / 12 / 2018

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.47		16.82		21.29

B. Full Name (Last, First, Middle Initial) Transaction ID : SH.500011  Memo Item

**CITY OF BISMARCK-WATER DEPT**

Mailing Address PO BOX 5555

City BISMARCK State ND Zip Code 58506

Purpose of Disbursement: UTILITIES

Activity or Event Identifier: ADMINISTRATIVE

Allocated Activity or Event:  Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 130854.96

Date: 10 / 03 / 2018

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
11.35		42.68		54.03

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:  Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date:

Date:

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15.82		59.50		75.32

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
3672.52	13815.73	17488.25