

**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 <input type="checkbox"/> Memo Item FORUM COMMUNICATIONS COMPANY | | Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> | |
| Mailing Address PO BOX 2020 | | Amount <input type="text"/> | |
| City FARGO | State ND | Zip Code 58107 | Transaction ID : SE24-1.0007 |
| Purpose of Expenditure ADVERTISING | | Category/Type <input type="text"/> | Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Name of Federal Candidate: HEITKAMP, HEIDI, , , | | <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 FORUM COMMUNICATIONS COMPANY | | Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> | |
| Mailing Address PO BOX 2020 | | Amount <input type="text"/> | |
| City FARGO | State ND | Zip Code 58107 | Transaction ID : SE24-1.0008 |
| Purpose of Expenditure ADVERTISING | | Category/Type <input type="text"/> | Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Name of Federal Candidate: CRAMER, KEVIN, , , | | <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) ▶ _____ | |

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