

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Hoeven for Senate

ADDRESS (number and street)

PO BOX 861

Check if different than previously reported. (ACC)

BISMARCK

ND

58502

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00473371

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

ND

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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

Type or Print Name of Treasurer HOBBS, CABELL, , ,

Signature of Treasurer

HOBBS, CABELL, , ,

Date

M M /

D D /

Y Y Y Y

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

Office Use Only

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Hoeven for Senate

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2025 To: M M / D D / Y Y Y Y 06 / 30 / 2025

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	71200.00	554867.65
(b) Total Contribution Refunds (from Line 20(d))	0.00	- 2000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	71200.00	556867.65
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	44667.28	920935.62
(b) Total Offsets to Operating Expenditures (from Line 14)	226.62	686.59
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	44440.66	920249.03
8. Cash on Hand at Close of Reporting Period (from Line 27)	581385.78	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	100000.00	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Hoeven for Senate

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2025 To: M M / D D / Y Y Y Y 06 / 30 / 2025

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	37500.00	263455.00
(ii) Unitemized.....	200.00	26342.65
(iii) TOTAL of contributions from individuals ▶	37700.00	289797.65
(b) Political Party Committees.....	0.00	2020.00
(c) Other Political Committees (such as PACs).....	33500.00	263050.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	71200.00	554867.65
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	102474.34
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	226.62	686.59
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	9.22
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	71426.62	658037.80

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	44667.28	920935.62
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	- 1500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	- 500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	- 2000.00
21. OTHER DISBURSEMENTS	0.00	26270.80
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	44667.28	945206.42

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	554626.44
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	71426.62
25. SUBTOTAL (add Line 23 and Line 24).....	626053.06
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	44667.28
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	581385.78

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 40
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hoeven for Senate

A. Full Name (Last, First, Middle Initial)
BJERKE, TYLER, , ,

Mailing Address 4229 66TH ST S

City FARGO State ND Zip Code 58104-6085

FEC ID number of contributing federal political committee. C

Name of Employer VALLEY CROP INSURANCE Occupation SALES

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 02 / 2025

Transaction ID : SA11A.39883

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION
SEE REDESIGNATION

B. Full Name (Last, First, Middle Initial)
BJERKE, TYLER, , ,

Mailing Address 4229 66TH ST S

City FARGO State ND Zip Code 58104-6085

FEC ID number of contributing federal political committee. C

Name of Employer VALLEY CROP INSURANCE Occupation SALES

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 02 / 2025

Transaction ID : SA11A.39892

Amount of Each Receipt this Period
- 1500.00

Memo Item
CONTRIBUTION
REDESIGNATION TO GENERAL

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

Mailing Address 4229 66TH ST S

City FARGO State ND Zip Code 58104-6085

FEC ID number of contributing federal political committee. C

Name of Employer VALLEY CROP INSURANCE Occupation SALES

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 02 / 2025

Transaction ID : SA11A.39893

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION
REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional)..... ▶ 5000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 40
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hoeven for Senate

A. Full Name (Last, First, Middle Initial)
FEDERATED INDIANS OF GRATON RANCHERIA

Mailing Address 6400 REDWOOD DRIVE
SUITE 300

City Rohnert Park State CA Zip Code 94928-2341

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

Name of Employer Occupation

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 02 / 2025

Transaction ID : SA11A.39878

Amount of Each Receipt this Period
6600.00

Memo Item
CONTRIBUTION
SEE REDESIGNATION

B. Full Name (Last, First, Middle Initial)
FEDERATED INDIANS OF GRATON RANCHERIA

Mailing Address 6400 REDWOOD DRIVE
SUITE 300

City Rohnert Park State CA Zip Code 94928-2341

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

Name of Employer Occupation

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 02 / 2025

Transaction ID : SA11A.39890

Amount of Each Receipt this Period
- 3100.00

Memo Item
CONTRIBUTION
REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial)
FEDERATED INDIANS OF GRATON RANCHERIA

Mailing Address 6400 REDWOOD DRIVE
SUITE 300

City Rohnert Park State CA Zip Code 94928-2341

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

Name of Employer Occupation

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 02 / 2025

Transaction ID : SA11A.39891

Amount of Each Receipt this Period
3100.00

Memo Item
CONTRIBUTION
REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional) ▶ 6600.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 40
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hoeven for Senate

A. Full Name (Last, First, Middle Initial)
KOZOJED, MICHAEL, , ,

Mailing Address PO BOX 277

City HILLSBORO State ND Zip Code 58045-0277

FEC ID number of contributing federal political committee. C

Name of Employer SELF Occupation CROP INS. AGENT

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 08 / 2025

Transaction ID : SA11A.39884

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address P.O. BOX 38

City WOOD RIVER State NE Zip Code 68883-0038

FEC ID number of contributing federal political committee. C

Name of Employer SELF EMPLOYED Occupation INSURANCE

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 09 / 2025

Transaction ID : SA11A.39888

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CARR, CHALMERS, , , III

Mailing Address 722 OLD PLANK ROAD

City RIDGE SPRING State SC Zip Code 29129-9550

FEC ID number of contributing federal political committee. C

Name of Employer TITAN FARMS Occupation AGRI BUSINESS OWNER

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 09 / 2025

Transaction ID : SA11A.39889

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 40
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hoeven for Senate

A. Full Name (Last, First, Middle Initial)
ALLEN, MATT, , ,

Mailing Address 21921 COUNTY ROAD 26

City ELBOW LAKE State MN Zip Code 56531-9431

FEC ID number of contributing federal political committee. C

Name of Employer FARMERS AGENCY INC. Occupation INSURANCE AGENT

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 15 / 2025

Transaction ID : SA11A.39894

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BUCHANAN, ROGER, , ,

Mailing Address 701 WILMETH DR.

City SPEARMAN State TX Zip Code 79081-3635

FEC ID number of contributing federal political committee. C

Name of Employer SELF EMPLOYED Occupation INSURANCE

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 15 / 2025

Transaction ID : SA11A.39895

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RYBERG, J R, , ,

Mailing Address 1508 EAGLEVIEW CT

City WATFORD CITY State ND Zip Code 58854-9595

FEC ID number of contributing federal political committee. C

Name of Employer IHRY INSURANCE AGENCY, INC. Occupation INSURANCE AGENT

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 15 / 2025

Transaction ID : SA11A.39896

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 40
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hoeven for Senate

A. Full Name (Last, First, Middle Initial)
RENTZ, BETHANY, , ,

Mailing Address 2302 43RD AVE S

City GRAND FORKS State ND Zip Code 58201-3459

FEC ID number of contributing federal political committee. C

Name of Employer IHR Y INSURANCE AGENCY, INC. Occupation CROP INSURANCE AGENT

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 21 / 2025

Transaction ID : SA11A.39897

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
FOWLER, KATHY, , ,

Mailing Address P.O. BOX 368

City MEMPHIS State TX Zip Code 79245-0368

FEC ID number of contributing federal political committee. C

Name of Employer KATHY FOWLER AGENCY Occupation CROP INSURANCE AGENT

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 25 / 2025

Transaction ID : SA11A.39898

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

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

Mailing Address 1 DR MLK JR AVE APT 626

City MEMPHIS State TN Zip Code 38103-

FEC ID number of contributing federal political committee. C

Name of Employer DAITAAS HOLDINGS, LLC Occupation SOFTWARE DEVELOPMENT

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 27 / 2025

Transaction ID : SA11A.39900

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 3500.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 40
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hoeven for Senate

A. Full Name (Last, First, Middle Initial)
OTTESON, JENNIFER, , ,

Mailing Address 6013 MAGNOLIA DR
PO BOX 128

City GRAND FORKS State ND Zip Code 58201-2822

FEC ID number of contributing federal political committee. C

Name of Employer COUNTRYSIDE INSURANCE AGENCY, INC Occupation CROP INSURANCE AGENT

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 27 / 2025

Transaction ID : SA11A.39899

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CARDEN, ROBERT, , ,

Mailing Address 350 E LAKE ELBERT DR NE

City WINTER HAVEN State FL Zip Code 33881-4367

FEC ID number of contributing federal political committee. C

Name of Employer CARDEN AND ASSOCIATES INC Occupation PRESIDENT

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 13 / 2025

Transaction ID : SA11A.39916

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 2315 W ESPRESSWAY 83
STE 102

City SAN BENITO State TX Zip Code 78586-

FEC ID number of contributing federal political committee. C

Name of Employer GROUFGUARD GROPU Occupation CROP INSURANCE

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 13 / 2025

Transaction ID : SA11A.39919

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 4000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 OF 40
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hoeven for Senate

A. Full Name (Last, First, Middle Initial)
DONOHO, JEFFREY, , ,

Mailing Address 2901 CAROLINE STREET

City MOUNT VERNON State IL Zip Code 62864-2772

FEC ID number of contributing federal political committee. C

Name of Employer DONOHO INSURANCE AGENCY GROUP Occupation INSURANCE AGENT

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 13 / 2025

Transaction ID : SA11A.39910

Amount of Each Receipt this Period
1250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DONOHO, JOSHUA, , ,

Mailing Address 10758 E IDLEWOOD ROAD

City MOUNT VERNON State IL Zip Code 62864-8355

FEC ID number of contributing federal political committee. C

Name of Employer DONOHO INSURANCE AGENCY GROUP Occupation CROP INSURANCE AGENT

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 13 / 2025

Transaction ID : SA11A.39909

Amount of Each Receipt this Period
1250.00

Memo Item
CONTRIBUTION

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

Mailing Address 2459 LICKSVILLE RD

City WHITE HEATH State IL Zip Code 61884-

FEC ID number of contributing federal political committee. C

Name of Employer STRATEGIC FARM MARKETING & CROP INS Occupation PRESIDENT

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 13 / 2025

Transaction ID : SA11A.39911

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 4000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 40
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hoeven for Senate

A. Full Name (Last, First, Middle Initial)
SONNENBERG, SAM , , ,

Mailing Address 18457 VANSWAY DR

City STERLING State CO Zip Code 80751-9138

FEC ID number of contributing federal political committee. C

Name of Employer SONNENBERG AGENCY, INC. Occupation AGENT

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 13 / 2025

Transaction ID : SA11A.39912

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WILLIAMSON, JASON, , ,

Mailing Address 2262 ROAD 60

City PAYNE State OH Zip Code 45880-9310

FEC ID number of contributing federal political committee. C

Name of Employer WILLIAMSON INSURANCE AGENCY Occupation CROP INSURANCE AGENT

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 13 / 2025

Transaction ID : SA11A.39915

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 3323 S WAKEFIELD ST
SUITE 750

City WASHINGTON State DC Zip Code 20006-

FEC ID number of contributing federal political committee. C

Name of Employer TARPLIN, DOWNS & YOUNG Occupation CONSULTANT

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 21 / 2025

Transaction ID : SA11A.39920

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 OF 40
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hoeven for Senate

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

Mailing Address 1301 DOLLEY MADISON BOULEVARD

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

FEC ID number of contributing federal political committee.

Name of Employer M INTERNATIONAL	Occupation CEO
-------------------------------------	-------------------

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11A.39921

Amount of Each Receipt this Period

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
VIPOND, PAMELA, , MRS.,

Mailing Address 1395 210TH ST

City MAHNOMEN	State MN	Zip Code 56557-9572
------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer PRO AG SERVICES & INSURANCE	Occupation AGENT/OWNER
---	---------------------------

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11A.39924

Amount of Each Receipt this Period

Memo Item
CONTRIBUTION

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

Mailing Address 3376 WILTON CREST CT

City ALEXANDRIA	State VA	Zip Code 22310-2354
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer CORNERSTONE GOVERNMENT AFFAIRS	Occupation PRINCIPAL
--	-------------------------

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11A.39927

Amount of Each Receipt this Period

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶	<input type="text" value="2500.00"/>
TOTAL This Period (last page this line number only)..... ▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 OF 40
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hoeven for Senate

A. Full Name (Last, First, Middle Initial)
KOTTICK, STEVE, , ,

Mailing Address P.O. BOX 101

City: MINOT State: ND Zip Code: 58702-0101

FEC ID number of contributing federal political committee: C

Name of Employer: MINOT PARK DISTRICT Occupation: GOLF PRO

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 24 / 2025

Transaction ID : SA11A.39937

Amount of Each Receipt this Period
1200.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PELTIER, KEITH, , ,

Mailing Address 361 EDGEWATER DRIVE

City: WEST FARGO State: ND Zip Code: 58078-4248

FEC ID number of contributing federal political committee: C

Name of Employer: PROSEED INC. Occupation: GEN MGR

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1520.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 24 / 2025

Transaction ID : SA11A.39936

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 411 8TH AVE S

City: FARGO State: ND Zip Code: 58103-2827

FEC ID number of contributing federal political committee: C

Name of Employer: EMERGING PRAIRIE Occupation: CEO

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 24 / 2025

Transaction ID : SA11A.39940

Amount of Each Receipt this Period
1200.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 3400.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 40
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hoeven for Senate

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

Mailing Address 2417 BARBOUR ROAD

City FALLS CHURCH State VA Zip Code 22043-3026

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

Name of Employer CORNERSTONE Occupation PRINCIPAL

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 26 / 2025

Transaction ID : SA11A.39941

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	37500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 16 OF 40	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Hoeven for Senate

A. Full Name (Last, First, Middle Initial)
USA RICE FEDERATION PAC

Mailing Address 2101 WILSON BLVD STE 610

City ARLINGTON	State VA	Zip Code 22201-3040
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00308478

Name of Employer	Occupation
------------------	------------

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 09 / 2025

Transaction ID : SA11C.39887

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MINN-DAK FARMERS COOP SUGAR PAC

Mailing Address 7525 RED RIVER ROAD

City WAHPETON	State ND	Zip Code 58075-9705
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00164939

Name of Employer	Occupation
------------------	------------

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 05 / 2025

Transaction ID : SA11C.39901

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NATIONAL COTTON COUNCIL COMMITTEE FOR THE ADVANCEMENT OF CO

Mailing Address PO BOX 2995

City CORDOVA	State TN	Zip Code 38088-2995
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00023028

Name of Employer	Occupation
------------------	------------

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 05 / 2025

Transaction ID : SA11C.39903

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 40
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Hoeven for Senate

A. Full Name (Last, First, Middle Initial)
NATIONAL COTTON COUNCIL COMMITTEE FOR THE ADVANCEMENT OF CO

Mailing Address PO BOX 2995

City CORDOVA	State TN	Zip Code 38088-2995
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00023028

Name of Employer	Occupation
------------------	------------

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 05 / 2025

Transaction ID : SA11C.39904

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PLAINS COTTON GROWERS INC PAC

Mailing Address 8303 ABERDEEN AVE

City LUBBOCK	State TX	Zip Code 79424-3453
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00599084

Name of Employer	Occupation
------------------	------------

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 05 / 2025

Transaction ID : SA11C.39902

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LIVESTOCK MARKETING ASSOCIATION PAC

Mailing Address 11501 OUTLOOK STREET STE 250

City OVERLAND PARK	State KS	Zip Code 66211-1807
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00244400

Name of Employer	Occupation
------------------	------------

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 13 / 2025

Transaction ID : SA11C.39913

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	8500.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 OF 40
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hoeven for Senate

A. Full Name (Last, First, Middle Initial)
TEXAS CORN PAC OF THE TEXAS CORN PRODUCERS ASSOCIATION

Mailing Address 4205 N INTERSTATE 27

City LUBBOCK	State TX	Zip Code 79403-7507
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00503847

Name of Employer	Occupation
------------------	------------

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 13 / 2025

Transaction ID : SA11C.39914

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WESTERN PEANUT GROWERS ASSOCIATION PAC

Mailing Address PO BOX 252

City SEMINOLE	State TX	Zip Code 79360-0252
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00254847

Name of Employer	Occupation
------------------	------------

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 13 / 2025

Transaction ID : SA11C.39917

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WESTERN PEANUT GROWERS ASSOCIATION PAC

Mailing Address PO BOX 252

City SEMINOLE	State TX	Zip Code 79360-0252
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00254847

Name of Employer	Occupation
------------------	------------

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 13 / 2025

Transaction ID : SA11C.39918

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶	2500.00
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 OF 40
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hoeven for Senate

A. Full Name (Last, First, Middle Initial)
NATIONAL COUNCIL OF FARMER COOPERATIVES C0-OP/PAC

Mailing Address 50 F STREET NW STE 900

City WASHINGTON State DC Zip Code 20001-1530

FEC ID number of contributing federal political committee. **C** C00002238

Name of Employer Occupation

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 22 / 2025

Transaction ID : SA11C.39922

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AIRBUS AMERICAS, INC. POLITICAL ACTION COMMITTEE

Mailing Address 1101 PENNSYLVANIA AVE., N.W.
SUITE 800

City WASHINGTON State DC Zip Code 20004-2526

FEC ID number of contributing federal political committee. **C** C00421230

Name of Employer Occupation

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 29 / 2025

Transaction ID : SA11C.39923

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NATIONAL TURKEY FEDERATION POLITICAL ACTION COMMIT

Mailing Address 1225 NEW YORK AVE NW STE 400

City WASHINGTON State DC Zip Code 20005-6404

FEC ID number of contributing federal political committee. **C** C00076182

Name of Employer Occupation

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 29 / 2025

Transaction ID : SA11C.39925

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 5500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 OF 40
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hoeven for Senate

A. Full Name (Last, First, Middle Initial)
AMERICAN SHEEP INDUSTRY PAC

Mailing Address 9785 MAROON CIRCLE, SUITE 360

City ENGLEWOOD State CO Zip Code 80112-2692

FEC ID number of contributing federal political committee. **C** C00043059

Name of Employer Occupation

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 03 / 2025

Transaction ID : SA11C.39930

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
FARM CREDIT POLITICAL ACTION COMMITTEE

Mailing Address 50 F ST NW STE 900

City WASHINGTON State DC Zip Code 20001-1530

FEC ID number of contributing federal political committee. **C** C00193631

Name of Employer Occupation

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 03 / 2025

Transaction ID : SA11C.39929

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF WHEAT GROWERS POLITICAL ACTION COMMITTEE (WHEATPAC)

Mailing Address 25 MASSACHUSETTS AVE NW
SUITE 500B

City WASHINGTON State DC Zip Code 20001-1430

FEC ID number of contributing federal political committee. **C** C00139964

Name of Employer Occupation

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 13 / 2025

Transaction ID : SA11C.39931

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 4500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 OF 40
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hoeven for Senate

A. Full Name (Last, First, Middle Initial)
AMERICAN VETERINARY MEDICAL ASSOCIATION PAC

Mailing Address 1910 SUNDERLAND PL NW

City WASHINGTON State DC Zip Code 20036-1608

FEC ID number of contributing federal political committee. **C** C00114132

Name of Employer Occupation

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 17 / 2025

Transaction ID : SA11C.39934

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
UNITED EGG ASSOC PAC

Mailing Address 6455 EAST JOHNS CROSSING
SUITE 410

City JOHNS CREEK State GA Zip Code 30097-1568

FEC ID number of contributing federal political committee. **C** C00172841

Name of Employer Occupation

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 17 / 2025

Transaction ID : SA11C.39933

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN PISTACHIO GROWERS PISTACHIO POLITICAL ACTION COMMITTEE

Mailing Address 455 CAPITOL MALL, SUITE 600

City SACRAMENTO State CA Zip Code 95814-4439

FEC ID number of contributing federal political committee. **C** C00197715

Name of Employer Occupation

Receipt For: 2028
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 24 / 2025

Transaction ID : SA11C.39935

Amount of Each Receipt this Period
3000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶	6500.00
TOTAL This Period (last page this line number only)..... ▶	33500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 22 OF 40	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Hoeven for Senate

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

Mailing Address PO BOX 91154

City SEATTLE State WA Zip Code 98111

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 23 / 2025

Transaction ID : SB14VR01

Amount of Each Receipt this Period
226.62

Memo Item
REFUND PHONE SERVICE

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	226.62
TOTAL This Period (last page this line number only).....▶	226.62

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Hoeven for Senate

Full Name (Last, First, Middle Initial)

A. MICROSOFT

Mailing Address ONE MICROSOFT WAY

City REDMOND State WA Zip Code 98052

Purpose of Disbursement SUBSCRIPTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 03 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 72.00

Transaction ID : SB.1

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT INC

Mailing Address 1340 POYDRAS ST STE 1770

City NEW ORLEANS State LA Zip Code 70112

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: 04 / 07 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 200.30

Transaction ID : SB.2

Memo Item

Full Name (Last, First, Middle Initial)

C. RIGHTSIDE COMPLIANCE LLC

Mailing Address PO BOX 341027

City AUSTIN State TX Zip Code 78734

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 07 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 180.00

Transaction ID : SB.3

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 452.30

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Hoeven for Senate

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. CMDI		M M / D D / Y Y Y Y 04 / 08 / 2025
Mailing Address 1593 SPRING HILL RD #400		FEC Identification Number
City VIENNA	State VA	Zip Code 22182
Purpose of Disbursement DATABASE MANAGEMENT SERVICE		<input type="checkbox"/> Category/Type
Candidate Name		Amount of Each Disbursement this Period
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) ▼	1000.00
State: District:		Transaction ID : SB.4
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. ANEDOT INC		M M / D D / Y Y Y Y 04 / 11 / 2025
Mailing Address 1340 POYDRAS ST STE 1770		FEC Identification Number
City NEW ORLEANS	State LA	Zip Code 70112
Purpose of Disbursement CREDIT CARD PROCESSING FEE		<input type="checkbox"/> Category/Type
Candidate Name		Amount of Each Disbursement this Period
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) ▼	40.30
State: District:		Transaction ID : SB.5
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. ANEDOT INC		M M / D D / Y Y Y Y 04 / 17 / 2025
Mailing Address 1340 POYDRAS ST STE 1770		FEC Identification Number
City NEW ORLEANS	State LA	Zip Code 70112
Purpose of Disbursement CREDIT CARD PROCESSING FEE		<input type="checkbox"/> Category/Type
Candidate Name		Amount of Each Disbursement this Period
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) ▼	100.90
State: District:		Transaction ID : SB.6
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1141.20
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Hoeven for Senate

Full Name (Last, First, Middle Initial)

A. INTUIT

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement SUBSCRIPTION

Candidate Name

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

State: District:

Date of Disbursement: 04 / 21 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 69.30

Transaction ID : SB.8

Memo Item

Full Name (Last, First, Middle Initial)

B. VONAGE

Mailing Address 101 CRAWFORDS CORNER RD

City HOLMDEL State NJ Zip Code 07733

Purpose of Disbursement PHONE SERVICE

Candidate Name

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

State: District:

Date of Disbursement: 04 / 21 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 48.80

Transaction ID : SB.7

Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT INC

Mailing Address 1340 POYDRAS ST STE 1770

City NEW ORLEANS State LA Zip Code 70112

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: 04 / 23 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 20.30

Transaction ID : SB.9

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 138.40

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 40			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Hoeven for Senate

Full Name (Last, First, Middle Initial) A. THE BISMARCK TRIBUNE		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2025
Mailing Address PO BOX 5516		FEC Identification Number C
City BISMARCK	State ND	Zip Code 58506
Purpose of Disbursement SUBSCRIPTION		Amount of Each Disbursement this Period 35.99
Candidate Name	Category/ Type	Transaction ID : SB.10
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. THE BISMARCK TRIBUNE		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2025
Mailing Address PO BOX 5516		FEC Identification Number C
City BISMARCK	State ND	Zip Code 58506
Purpose of Disbursement SUBSCRIPTION		Amount of Each Disbursement this Period 35.99
Candidate Name	Category/ Type	Transaction ID : SB.11
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. THE BISMARCK TRIBUNE		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2025
Mailing Address PO BOX 5516		FEC Identification Number C
City BISMARCK	State ND	Zip Code 58506
Purpose of Disbursement SUBSCRIPTION		Amount of Each Disbursement this Period 35.99
Candidate Name	Category/ Type	Transaction ID : SB.12
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	107.97
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Hoeven for Senate

Full Name (Last, First, Middle Initial) A. ODNEY		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2025
Mailing Address PO BOX 2035		FEC Identification Number C
City BISMARCK	State ND	Zip Code 58502
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Amount of Each Disbursement this Period 4490.00
Candidate Name		Transaction ID : SB.13
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. LOEWS HOTELS		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2025
Mailing Address 667 MADISON AVE		FEC Identification Number C
City NEW YORK	State NY	Zip Code 10065
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period 360.96
Candidate Name		Transaction ID : SB.15
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. NATIONAL CAR RENTAL		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2025
Mailing Address 600 CORPORATE PARK DR		FEC Identification Number C
City ST LOUIS	State MO	Zip Code 63105
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period 218.24
Candidate Name		Transaction ID : SB.14
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	5069.20
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Hoeven for Senate

Full Name (Last, First, Middle Initial) A. 801 CHOPHOUSE		Date of Disbursement MM / DD / YYYY 04 / 30 / 2025
Mailing Address 71 E 14TH ST		FEC Identification Number C
City KANSAS CITY	State MO	Zip Code 64106
Purpose of Disbursement FOOD/BEVERAGE		Amount of Each Disbursement this Period 6026.58
Candidate Name		Transaction ID : SB.18
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. ANEDOT INC		Date of Disbursement MM / DD / YYYY 04 / 30 / 2025
Mailing Address 1340 POYDRAS ST STE 1770		FEC Identification Number C
City NEW ORLEANS	State LA	Zip Code 70112
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Amount of Each Disbursement this Period 40.60
Candidate Name		Transaction ID : SB.17
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. LOEWS HOTELS		Date of Disbursement MM / DD / YYYY 05 / 02 / 2025
Mailing Address 667 MADISON AVE		FEC Identification Number C
City NEW YORK	State NY	Zip Code 10065
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period 1008.12
Candidate Name		Transaction ID : SB.19
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	7075.30
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Hoeven for Senate

Full Name (Last, First, Middle Initial)

A. MICROSOFT

Mailing Address ONE MICROSOFT WAY

City REDMOND State WA Zip Code 98052

Purpose of Disbursement SUBSCRIPTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 05 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 72.00

Transaction ID : SB.20

Memo Item

Full Name (Last, First, Middle Initial)

B. THE BISMARCK TRIBUNE

Mailing Address PO BOX 5516

City BISMARCK State ND Zip Code 58506

Purpose of Disbursement SUBSCRIPTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 05 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 35.99

Transaction ID : SB.21

Memo Item

Full Name (Last, First, Middle Initial)

C. FLASH PRINTING

Mailing Address 904 EAST FRONT AVENUE PO BOX 2263

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement PRINTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 06 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 348.55

Transaction ID : SB.23

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 456.54

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Hoeven for Senate

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. FLOWER BOX		<input type="text" value="05"/> / <input type="text" value="06"/> / <input type="text" value="2025"/>
Mailing Address 301 BURDICK EXPRESSWAY WEST		FEC Identification Number
City MINOT	State ND	Zip Code 58701
Purpose of Disbursement FLOWERS		<input type="text" value="C"/>
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	
		<input type="text" value="139.75"/>
		Transaction ID : SB.22
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. CMDI		<input type="text" value="05"/> / <input type="text" value="07"/> / <input type="text" value="2025"/>
Mailing Address 1593 SPRING HILL RD #400		FEC Identification Number
City VIENNA	State VA	Zip Code 22182
Purpose of Disbursement DATABASE MANAGEMENT SERVICE		<input type="text" value="C"/>
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	
		<input type="text" value="1000.00"/>
		Transaction ID : SB.25
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. RIGHTSIDE COMPLIANCE LLC		<input type="text" value="05"/> / <input type="text" value="07"/> / <input type="text" value="2025"/>
Mailing Address PO BOX 341027		FEC Identification Number
City AUSTIN	State TX	Zip Code 78734
Purpose of Disbursement COMPLIANCE CONSULTING		<input type="text" value="C"/>
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	
		<input type="text" value="480.00"/>
		Transaction ID : SB.24
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text" value="1619.75"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Hoeven for Senate

Full Name (Last, First, Middle Initial)
A. EM RAHAL AND CO

Mailing Address 4101 CATHEDRAL AVE NW #707

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 08 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 5460.00

Transaction ID : SB.26

Memo Item

Full Name (Last, First, Middle Initial)
B. FLOWERS BY LEGACY

Mailing Address 2200 NW 70TH AVE

City MIAMI State FL Zip Code 33132

Purpose of Disbursement FLOWERS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 09 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 142.88

Transaction ID : SB.28

Memo Item

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

Mailing Address 220 E ROSSER AVE ROOM 112

City BISMARCK State ND Zip Code 58501-9998

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 09 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 5.58

Transaction ID : SB.27

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 5608.46

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 40			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Hoeven for Senate

Full Name (Last, First, Middle Initial) A. ANEDOT INC		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2025
Mailing Address 1340 POYDRAS ST STE 1770		FEC Identification Number C
City NEW ORLEANS	State LA	Zip Code 70112
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Amount of Each Disbursement this Period 80.50
Candidate Name		Transaction ID : SB.29
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. EAGLE GRILLE		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2025
Mailing Address 220 HARBOR DR		FEC Identification Number C
City BOCA GRANDE	State FL	Zip Code 33921
Purpose of Disbursement FOOD/BEVERAGE		Amount of Each Disbursement this Period 5710.92
Candidate Name		Transaction ID : SB.30
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. ENTERPRISE RENT-A-CAR		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2025
Mailing Address 600 CORPORATE PARK DR		FEC Identification Number C
City ST LOUIS	State MO	Zip Code 63105
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period 329.60
Candidate Name		Transaction ID : SB.31
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	6121.02
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Hoeven for Senate

A. VONAGE

Full Name (Last, First, Middle Initial)

Mailing Address 101 CRAWFORDS CORNER RD

City HOLMDEL State NJ Zip Code 07733

Purpose of Disbursement PHONE SERVICE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 20 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 48.80

Transaction ID : SB.32

Memo Item

B. INTUIT

Full Name (Last, First, Middle Initial)

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement SUBSCRIPTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 21 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 69.30

Transaction ID : SB.33

Memo Item

C. ANEDOT INC

Full Name (Last, First, Middle Initial)

Mailing Address 1340 POYDRAS ST STE 1770

City NEW ORLEANS State LA Zip Code 70112

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: 05 / 23 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 40.30

Transaction ID : SB.36

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 158.40

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Hoeven for Senate

Full Name (Last, First, Middle Initial) A. ODNEY		Date of Disbursement MM / DD / YYYY 05 / 23 / 2025
Mailing Address PO BOX 2035		FEC Identification Number C
City BISMARCK	State ND	Zip Code 58502
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Amount of Each Disbursement this Period 4390.00
Candidate Name		Transaction ID : SB.34
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. PRESORT PLUS		Date of Disbursement MM / DD / YYYY 05 / 23 / 2025
Mailing Address PO BOX 1555		FEC Identification Number C
City BISMARCK	State ND	Zip Code 58502
Purpose of Disbursement PRINTING/POSTAGE		Amount of Each Disbursement this Period 707.30
Candidate Name		Transaction ID : SB.35
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. DALBOL FLOWERS		Date of Disbursement MM / DD / YYYY 05 / 28 / 2025
Mailing Address 1314 GATEWAY DR S		FEC Identification Number C
City FARGO	State ND	Zip Code 58103
Purpose of Disbursement FLOWERS		Amount of Each Disbursement this Period 118.23
Candidate Name		Transaction ID : SB.38
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	5215.53
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Hoeven for Senate

Full Name (Last, First, Middle Initial) A. TASTE GOURMET LLC		Date of Disbursement MM / DD / YYYY 05 / 28 / 2025
Mailing Address 3516 VALLEY DR		FEC Identification Number C
City ALEXANDRIA	State VA	Zip Code 22302
Purpose of Disbursement FOOD/BEVERAGE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 4057.34	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB.39
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. INTUIT		Date of Disbursement MM / DD / YYYY 06 / 02 / 2025
Mailing Address 2700 COAST AVE		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement SUBSCRIPTION	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 75.62	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB.40
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. ANEDOT INC		Date of Disbursement MM / DD / YYYY 06 / 04 / 2025
Mailing Address 1340 POYDRAS ST STE 1770		FEC Identification Number C
City NEW ORLEANS	State LA	Zip Code 70112
Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 20.30	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB.41
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	4153.26
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Hoeven for Senate

A. CMDI

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD #400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement DATABASE MANAGEMENT SERVICE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 09 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 1000.00

Transaction ID : SB.42

Memo Item

B. FLASH PRINTING

Full Name (Last, First, Middle Initial)

Mailing Address 904 EAST FRONT AVENUE PO BOX 2263

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement PRINTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 10 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 245.08

Transaction ID : SB.44

Memo Item

C. RIGHTSIDE COMPLIANCE LLC

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 341027

City AUSTIN State TX Zip Code 78734

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 10 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 270.00

Transaction ID : SB.45

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 1515.08

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Hoeven for Senate

Full Name (Last, First, Middle Initial)
A. THE BISMARCK TRIBUNE

Mailing Address PO BOX 5516

City BISMARCK State ND Zip Code 58506

Purpose of Disbursement SUBSCRIPTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 10 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 35.99

Transaction ID : SB.43

Memo Item

Full Name (Last, First, Middle Initial)
B. ODNEY

Mailing Address PO BOX 2035

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 17 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 4590.00

Transaction ID : SB.46

Memo Item

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

Mailing Address 101 CRAWFORDS CORNER RD

City HOLMDEL State NJ Zip Code 07733

Purpose of Disbursement PHONE SERVICE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 20 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 48.80

Transaction ID : SB.47

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 4674.79

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Hoeven for Senate

Full Name (Last, First, Middle Initial)

A. INTUIT

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement SUBSCRIPTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 23 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 69.30

Transaction ID : SB.48

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT INC

Mailing Address 1340 POYDRAS ST STE 1770

City NEW ORLEANS State LA Zip Code 70112

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: 06 / 26 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 38.90

Transaction ID : SB.49

Memo Item

Full Name (Last, First, Middle Initial)

C. PRESORT PLUS

Mailing Address PO BOX 1555

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement PRINTING/POSTAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 27 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 1001.14

Transaction ID : SB.50

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 1109.34

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Hoeven for Senate

Full Name (Last, First, Middle Initial) A. ANEDOT INC		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2025
Mailing Address 1340 POYDRAS ST STE 1770		FEC Identification Number C
City NEW ORLEANS	State LA	Zip Code 70112
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Amount of Each Disbursement this Period 40.30
Candidate Name		Transaction ID : SB.51
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	40.30
TOTAL This Period (last page this line number only).....▶	44656.84

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Hoeven for Senate** Transaction ID : **SC/10-L1**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2010
Hoeven, John, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
PO Box 2572			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
Bismarck	ND	58502-2572	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	01 / 12 / 2010	None		

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	100000.00
TOTALS This Period (last page in this line only).....▶	100000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.