

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 Cramer for Congress

ADDRESS (number and street) PO Box 396 Bismarck ND 58502 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00504704 3. IS THIS REPORT NEW (N) OR AMENDED (A) ND 01

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 06 / 14 / 2016 in the State of ND (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on / / in the State of

5. Covering Period 04 / 01 / 2016 through 05 / 25 / 2016

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 Christopher M. Marston

Signature of Treasurer Christopher M. Marston [Electronically Filed] Date 06 / 03 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Cramer for Congress

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

	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))....	99960.82	958271.16
(b) Total Contribution Refunds (from Line 20(d))	0.00	1300.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	99960.82	956971.16
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	93860.82	438449.77
(b) Total Offsets to Operating Expenditures (from Line 14).....	204.96	3378.35
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	93655.86	435071.42
8. Cash on Hand at Close of Reporting Period (from Line 27).....	572588.15	
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).....	0.00	

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 3 (Revised 12/2003)

Write or Type Committee Name

Cramer for Congress

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

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).....	46498.07	321157.07
(ii) Unitemized	8962.75	62764.09
(iii) TOTAL of contributions from individuals	55460.82	383921.16
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	44500.00	574350.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	99960.82	958271.16
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
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.)	204.96	3378.35
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	100165.78	961649.51

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	93860.82	438449.77
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	1300.00
(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 20(a), (b), and (c)).....	0.00	1300.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	93860.82	439749.77

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	566283.19
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	100165.78
25. SUBTOTAL (add Line 23 and Line 24).....	666448.97
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	93860.82
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	572588.15

**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 5 OF 69
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
MYRON H. ATKINSON

Mailing Address **P.O. BOX 1176**

City **BISMARCK** State **ND** Zip Code **58502-1176**

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

Name of Employer **SELF-EMPLOYED** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 12 / 2016

Transaction ID : SA11A.8408

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address **212 HILLCREST DR
UKKC120204**

City **JAMESTOWN** State **ND** Zip Code **58401-3908**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 10 / 2016

Transaction ID : SA11A.8334

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address **P.O. BOX 1147**

City **FARGO** State **ND** Zip Code **58107-1147**

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

Name of Employer **SELF** Occupation **ENTREPRENEUR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 16 / 2016

Transaction ID : SA11A.8446

Amount of Each Receipt this Period
1700.00

Memo Item
CONTRIBUTION

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

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

2050.00

**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 69
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
GREGORY F. BUTLER

Mailing Address 825 28TH ST S, SUITE E

City State Zip Code
FARGO ND 58103-2325

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

Name of Employer Occupation
GREMADA INDUSTRIES, INC. BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 28 / 2016

Transaction ID : SA11A.8259

Amount of Each Receipt this Period
1700.00

Memo Item
CONTRIBUTION

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

Mailing Address 15135 COUNTY RD 11

City State Zip Code
GRAFTON ND 58237-8802

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

Name of Employer Occupation
SELF FARMER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2016

Transaction ID : SA11A.8231

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION
SEE REATTRIBUTION

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

Mailing Address 15135 CO RD 11

City State Zip Code
GRAFTON ND 58237-8802

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

Name of Employer Occupation
N/A NONE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 17 / 2016

Transaction ID : SA11A.8509

Amount of Each Receipt this Period
300.00

Memo Item
CONTRIBUTION
REATTRIBUTION FROM SPOUSE

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

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

3700.00

**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 69
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
TOM CAMPBELL

Mailing Address 15135 COUNTY RD 11

City State Zip Code
GRAFTON ND 58237-8802

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

Name of Employer Occupation
SELF FARMER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 17 / 2016

Transaction ID : SA11A.8510

Amount of Each Receipt this Period
-300.00

Memo Item
 CONTRIBUTION
 REATTRIBUTION TO SPOUSE

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

Mailing Address 2701 E CAMELBACK RD, SUITE 180

City State Zip Code
PHOENIX AZ 85016-4332

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

Name of Employer Occupation
CARDON DEVELOPMENT CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 28 / 2016

Transaction ID : SA11A.8262

Amount of Each Receipt this Period
5000.00

Memo Item
 CONTRIBUTION
 SEE REDESIGNATION

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

Mailing Address 2701 E CAMELBACK RD, SUITE 180

City State Zip Code
PHOENIX AZ 85016-4332

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

Name of Employer Occupation
CARDON DEVELOPMENT CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 13 / 2016

Transaction ID : SA11A.8425

Amount of Each Receipt this Period
-2300.00

Memo Item
 CONTRIBUTION
 REDESIGNATION TO GENERAL

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

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

5000.00

**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 69
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
DON CARDON

Mailing Address 2701 E CAMELBACK RD, SUITE 180

City State Zip Code
PHOENIX AZ 85016-4332

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

Name of Employer Occupation
CARDON DEVELOPMENT CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 13 / 2016

Transaction ID : SA11A.8426

Amount of Each Receipt this Period
2300.00

Memo Item
CONTRIBUTION
REDESIGNATION FROM PRIMARY

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

Mailing Address 2701 CAMELBACK RD, SUITE 180

City State Zip Code
PHOENIX AZ 85016-4332

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

Name of Employer Occupation
NONE HOUSEWIFE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 28 / 2016

Transaction ID : SA11A.8263

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION
SEE REDESIGNATION

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

Mailing Address 2701 CAMELBACK RD, SUITE 180

City State Zip Code
PHOENIX AZ 85016-4332

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

Name of Employer Occupation
NONE HOUSEWIFE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 13 / 2016

Transaction ID : SA11A.8427

Amount of Each Receipt this Period
-2300.00

Memo Item
CONTRIBUTION
REDESIGNATION TO GENERAL

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

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

5000.00

**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 9 OF 69
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
KIM CARDON

Mailing Address 2701 CAMELBACK RD, SUITE 180

City State Zip Code
PHOENIX AZ 85016-4332

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

Name of Employer Occupation
NONE HOUSEWIFE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 13 / 2016

Transaction ID : SA11A.8428

Amount of Each Receipt this Period
 2300.00

Memo Item
 CONTRIBUTION
 REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
DORI M. CARLSON HELGESON

Mailing Address P.O. BOX O
UKCC120201

City State Zip Code
PARK RIVER ND 58270-0714

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

Name of Employer Occupation
SELF EMPLOYED OPTOMETRIST

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2016

Transaction ID : SA11A.8329

Amount of Each Receipt this Period
 500.00

Memo Item
 CONTRIBUTION

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

Mailing Address 2818 UNIVERSITY TER NW

City State Zip Code
WASHINGTON DC 20016-3459

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

Name of Employer Occupation
FIERCE GOVERNMENT RELATIONS CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 19 / 2016

Transaction ID : SA11A.8244

Amount of Each Receipt this Period
 1000.00

Memo Item
 CONTRIBUTION

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

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

1500.00

**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 10 OF 69
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

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

Mailing Address 10104 20TH ST SE

City State Zip Code
WIMBLEDON ND 58492-9351

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

Name of Employer Occupation
SELF FARMER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2016

Transaction ID : SA11A.8293

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GAYLE KIELTY CLIFFORD

Mailing Address 2464 AUGUSTA DR

City State Zip Code
GRAND FORKS ND 58201-2824

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2016

Transaction ID : SA11A.8402

Amount of Each Receipt this Period
 100.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. RICHARD CRISERA

Mailing Address PO BOX 1284

City State Zip Code
MINOT ND 58702-1284

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

Name of Employer Occupation
SELF PATHOLOGIST

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2016

Transaction ID : SA11A.8228

Amount of Each Receipt this Period
 50.00

Memo Item
CONTRIBUTION

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

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

400.00

**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 69
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cramer for Congress

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

Mailing Address **PO BOX 1284**

City **MINOT** State **ND** Zip Code **58702-1284**

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

Name of Employer **SELF** Occupation **PATHOLOGIST**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 13 / 2016

Transaction ID : SA11A.8435

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

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

Mailing Address **730 ASPEN PLACE**

City **BISMARCK** State **ND** Zip Code **58503-0191**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1550.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 14 / 2016

Transaction ID : SA11A.8223

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JEAN FINLAYSON DOLL

Mailing Address **1323 MEREDITH DRIVE**

City **BISMARCK** State **ND** Zip Code **58501-2655**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 13 / 2016

Transaction ID : SA11A.8445

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

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

1150.00

**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 12 OF 69
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
MR. JACK EKSTROM

Mailing Address 1176 PRESERVE CIRCLE

City GOLDEN State CO Zip Code 80401-7045

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

Name of Employer WHITING PETROLEUM Occupation EXECUTIVE DIRECTOR INVESTOR RELATIC

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2016

Transaction ID : SA11A.8478

Amount of Each Receipt this Period
 500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WILLIAM GATES III

Mailing Address 10230 NE POINTS DRIVE, SUITE200

City KIRKLAND State WA Zip Code 98033-7897

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

Name of Employer BILL AND MELINDA GATES FOUNDATION Occupation CO-CHAIR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2016

Transaction ID : SA11A.8374

Amount of Each Receipt this Period
 2700.00

Memo Item
CONTRIBUTION

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

Mailing Address 2200 S 29TH ST UNIT 82 S

City GRAND FORKS State ND Zip Code 58201-5838

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

Name of Employer SELF EMPLOYED Occupation CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2016

Transaction ID : SA11A.8234

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

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

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

3450.00

**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 13 OF 69
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
ROBERT GREGOIRE

Mailing Address 1650 COLOGNE DRIVE

City BISMARCK State ND Zip Code 58504-7022

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

Name of Employer SELF Occupation FINANCIAL ADVISOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2016

Transaction ID : SA11A.8367

Amount of Each Receipt this Period
 100.00

Memo Item
CONTRIBUTION

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

Mailing Address 316 PENNSYLVANIA AVE SE
STE 401

City WASHINGTON State DC Zip Code 20003-1172

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

Name of Employer COMBEST, SELL, & ASSOCIATES Occupation GOVERNMENT RELATIONS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **643.07**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2016

Transaction ID : SA11A.8243

Amount of Each Receipt this Period
 643.07

Memo Item
CONTRIBUTION
 FOOD & BEVERAGES

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

Mailing Address 505 E CAPITOL AVE

City BISMARCK State ND Zip Code 58501-1849

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2016

Transaction ID : SA11A.8371

Amount of Each Receipt this Period
 50.00

Memo Item
CONTRIBUTION

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

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

793.07

**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 14 OF 69
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
JOE HAUER

Mailing Address 1409 BAYVIEW CT
UKCC120201

City BISMARCK State ND Zip Code 58504-7087

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

Name of Employer SELF EMPLOYED Occupation MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 14 / 2016

Transaction ID : SA11A.8221

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JOHN H. HOEVEN JR.

Mailing Address PO BOX 1090
1109 10TH ST SW

City MINOT State ND Zip Code 58702-1090

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 14 / 2016

Transaction ID : SA11A.8224

Amount of Each Receipt this Period
300.00

Memo Item
CONTRIBUTION

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

Mailing Address 2243 120TH AVE NW

City WATFORD CITY State ND Zip Code 58854-9259

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

Name of Employer SELF Occupation FARMER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 18 / 2016

Transaction ID : SA11A.8449

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

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

1550.00

**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 69
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
EUGENE HOLEN

Mailing Address **P.O. BOX 73**

City **ARNEGARD** State **ND** Zip Code **58835-0073**

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

Name of Employer **RETIRED** Occupation **HIGH SCHOOL TEACHER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 11 / 2016

Transaction ID : SA11A.8380

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address **3605 PEBBLEVIEW PLACE
UKCC120201**

City **BISMARCK** State **ND** Zip Code **58503-1202**

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

Name of Employer **WOMEN TECHNOLOGY** Occupation **DIRECTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 24 / 2016

Transaction ID : SA11A.8500

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address **33911 HIGH POINT DRIVE
UKCC120201**

City **MAGNOLIA** State **TX** Zip Code **77355-1765**

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

Name of Employer **PECAN PIPELINE COMPANY** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 20 / 2016

Transaction ID : SA11A.8245

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

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

850.00

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

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

FOR LINE NUMBER: PAGE 16 OF 69
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
MARK JOHNSRUD

Mailing Address P.O. BOX 769
UKCC120203

City WATFORD CITY State ND Zip Code 58854-0769

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

Name of Employer NUVERIA Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2016

Transaction ID : SA11A.8227

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JEFFREY T. JONES

Mailing Address 2034 100TH AVENUE S

City HORACE State ND Zip Code 58047-9709

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

Name of Employer JOHN T JONES CONST Occupation GENERAL CONTRACTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2016

Transaction ID : SA11A.8360

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NORMAN M. JONES

Mailing Address 526 24TH AVENUE S

City FARGO State ND Zip Code 58103-5718

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2016

Transaction ID : SA11A.8250

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION
SEE REATTRIBUTION

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

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

5700.00

**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 69
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
EUNICE JONES

Mailing Address 526 24TH AVENUE S

City FARGO State ND Zip Code 58103-5718

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 17 / 2016

Transaction ID : SA11A.8507

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION
REATTRIBUTION FROM SPOUSE

B. Full Name (Last, First, Middle Initial)
NORMAN M. JONES

Mailing Address 526 24TH AVENUE S

City FARGO State ND Zip Code 58103-5718

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 17 / 2016

Transaction ID : SA11A.8508

Amount of Each Receipt this Period
-2500.00

Memo Item
CONTRIBUTION
REATTRIBUTION TO SPOUSE

C. Full Name (Last, First, Middle Initial)
FRANK J. KASOWSKI

Mailing Address P.O. BOX 370
UKCC120203

City CASSELTON State ND Zip Code 58012-0370

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

Name of Employer SELF Occupation FARMER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2016

Transaction ID : SA11A.8309

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

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

250.00

**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 18 OF 69
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
CHRISTIANE A. KEAVENY

Mailing Address 309 LUNAR LN

City BISMARCK State ND Zip Code 58503-0469

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

Name of Employer NONE Occupation HOUSEWIFE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 24 / 2016

Transaction ID : SA11A.8502

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 11991 36TH ST NW
UKCC120201

City WATFORD CITY State ND Zip Code 58854-9633

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

Name of Employer SELF Occupation RANCHING

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **6000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 18 / 2016

Transaction ID : SA11A.8459

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION
 REATTRIBUTION / REDESIGNATION REQUESTED

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

Mailing Address 501 E FRONT ST APT 7

City LARIMORE State ND Zip Code 58251-4010

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **550.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 13 / 2016

Transaction ID : SA11A.8440

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

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

2600.00

**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 19 OF 69
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
MARGARET KRANCE

Mailing Address 1412 N 19TH ST

City BISMARCK State ND Zip Code 58501-2906

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2016

Transaction ID : SA11A.8373

Amount of Each Receipt this Period
 100.00

Memo Item
CONTRIBUTION

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

Mailing Address PO BOX 408

City FARGO State ND Zip Code 58107-0408

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **550.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2016

Transaction ID : SA11A.8344

Amount of Each Receipt this Period
 100.00

Memo Item
CONTRIBUTION

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

Mailing Address 724 E GRINNELL DR

City BURBANK State CA Zip Code 91501-1720

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

Name of Employer DEPT. OF JUSTICE STATE OF CALIFORNIA Occupation LAWYER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **315.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2016

Transaction ID : SA11A.8480

Amount of Each Receipt this Period
 50.00

Memo Item
CONTRIBUTION

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

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

250.00

**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 69
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
CLARICE LIECHTY
 Mailing Address P.O. BOX 467
 511 8TH STREET SW UKCC120201
 City State Zip Code
 JAMESTOWN ND 58402-0467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF FARMER/REAL ESTATE INVESTOR
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 28 / 2016
Transaction ID : SA11A.8258
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GEORGE LORANGER
 Mailing Address P.O. BOX 350
 550 BURGAMOTT AVE
 City State Zip Code
 GRAFTON ND 58237-0350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 18 / 2016
Transaction ID : SA11A.8452
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RALPH MCCANNA
 Mailing Address 2096 39TH ST NE
 City State Zip Code
 MCCANNA ND 58251-9542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 13 / 2016
Transaction ID : SA11A.8432
 Amount of Each Receipt this Period
 150.00
 Memo Item
 CONTRIBUTION

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

1250.00

**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 69
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
GERALD MCLACHLAN

Mailing Address 3901 NORMANDY ST
UKCC120201

City BISMARCK State ND Zip Code 58503-1201

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

Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 11 / 2016

Transaction ID : SA11A.8352

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

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

Mailing Address 18400 97TH ST SE

City SAWYER State ND Zip Code 58781-9274

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

Name of Employer SELF Occupation FARMER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 09 / 2016

Transaction ID : SA11A.8324

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

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

Mailing Address 6869 97TH ST NE

City ROCKLAKE State ND Zip Code 58365-9623

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

Name of Employer TELCOM BOARD MEMBER Occupation RETIRED FARMER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 09 / 2016

Transaction ID : SA11A.8282

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

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

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

300.00

**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 69
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
JAMES OPITZ

Mailing Address 1802 2ND AVE E

City WEST FARGO State ND Zip Code 58078-2351

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

Name of Employer AEVENIA Occupation INSTALLER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **325.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2016

Transaction ID : SA11A.8242

Amount of Each Receipt this Period
 25.00

Memo Item
CONTRIBUTION

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

Mailing Address 157 LAKE AVE W

City KIRKLAND State WA Zip Code 98033-6138

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

Name of Employer SELF Occupation BUSINESSMAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2016

Transaction ID : SA11A.8253

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 3351 175TH AVE NW

City BALDWIN State ND Zip Code 58521-9733

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

Name of Employer PAHLKE STEELE, INC. Occupation GENERAL MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2016

Transaction ID : SA11A.8236

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

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

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

2025.00

**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 23 OF 69
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

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

Mailing Address 4000 139TH ST NE

City State Zip Code
SURREY ND 58785-9590

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

Name of Employer Occupation
N/A RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
330.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11A.8479

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address P.O. BOX 787
UKCC120201

City State Zip Code
NEW TOWN ND 58763-0787

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

Name of Employer Occupation
LAKESIDE STATE BANK BANKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 18 / 2016

Transaction ID : SA11A.8455

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 2427 SIERRA CIRCLE
UKCC120201

City State Zip Code
BISMARCK ND 58503-0867

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

Name of Employer Occupation
RETIRED BANKER RETIRED BANKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 10 / 2016

Transaction ID : SA11A.8328

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

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

1600.00

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

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

FOR LINE NUMBER: PAGE 24 OF 69
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
JOHN PIERCE

Mailing Address 1423 10TH AVE E 305

City WEST FARGO State ND Zip Code 58078-5209

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

Name of Employer CONCORDIA COLLEGE Occupation SENIOR PLANNED GIVING OFFICER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2016

Transaction ID : SA11A.8241

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SEN. JIM P. ROERS

Mailing Address 4420 CARRIE ROSE LANE S

City FARGO State ND Zip Code 58104-6818

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

Name of Employer ROERS INC. Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 18 / 2016

Transaction ID : SA11A.8456

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 9911 OAK BRANCH DR.

City VIENNA State VA Zip Code 22181-5333

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

Name of Employer SEL Occupation CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2016

Transaction ID : SA11A.8178

Amount of Each Receipt this Period
 _____ 250.00

Memo Item
CONTRIBUTION

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

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

_____ 2250.00

**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 25 OF 69
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
HOLLY SAND

Mailing Address **765 ASPEN AVE**
765 ASPEN AVENUE

City **BISMARCK** State **ND** Zip Code **58503-0123**

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

Name of Employer **NONE** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 12 / 2016

Transaction ID : SA11A.8416

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address **PO BOX 507**

City **WATFORD CITY** State **ND** Zip Code **58854-0507**

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

Name of Employer **SELF EMPLOYED** Occupation **AUTO DEALERSHIP**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 12 / 2016

Transaction ID : SA11A.8421

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address **415 S 14TH ST**

City **BISMARCK** State **ND** Zip Code **58504-5919**

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

Name of Employer **USPS** Occupation **CLERK**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 10 / 2016

Transaction ID : SA11A.8336

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

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

600.00

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

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

FOR LINE NUMBER: PAGE 26 OF 69
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
PATRICK SCHUMACHER

Mailing Address 525 3RD ST E

City State Zip Code
DICKINSON ND 58601-4504

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFF(INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
230.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11A.8487

Amount of Each Receipt this Period
30.00

Memo Item
CONTRIBUTION

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

Mailing Address PO BOX 226

City State Zip Code
HAZELTON ND 58544-0226

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

Name of Employer Occupation
SELF REPORTER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
330.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 11 / 2016

Transaction ID : SA11A.8370

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address 1325 13TH STREET NW

City State Zip Code
WASHINGTON DC 20005-4431

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

Name of Employer Occupation
PECKMADIGANJONES CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 25 / 2016

Transaction ID : SA11A.8255

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

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

630.00

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

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

FOR LINE NUMBER: PAGE 27 OF 69
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
GREGORY SMITH

Mailing Address 15802 N 71ST STREET, SUITE 501

City State Zip Code
SCOTTSDALE AZ 85254-

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

Name of Employer Occupation
BANCOADVISORS LLC INVESTMENT BANKING

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2016

Transaction ID : SA11A.8254

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 1409 4TH AVE E

City State Zip Code
WILLISTON ND 58801-4320

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

Name of Employer Occupation
AMERICAN STATE BANK & TRUST CO. BANKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2016

Transaction ID : SA11A.8226

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address 1539 S WASHINGTON ST.

City State Zip Code
BISMARCK ND 58504-6406

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
255.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2016

Transaction ID : SA11A.8347

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

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

1600.00

**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 28 OF 69
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
LLOYD O. THOMPSON

Mailing Address 311 11TH AVE S APT 102

City FARGO State ND Zip Code 58103-2856

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **390.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2016

Transaction ID : SA11A.8407

Amount of Each Receipt this Period
 150.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. JOHN H. WARFORD

Mailing Address 800 PROSPECT PT
UKCC120201

City BISMARCK State ND Zip Code 58501-2473

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

Name of Employer WARFORD ORTHODONTICS Occupation ORTHODONTIST

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2016

Transaction ID : SA11A.8240

Amount of Each Receipt this Period
 500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
TONY P. WELDER

Mailing Address 1314 BAYVIEW COURT

City BISMARCK State ND Zip Code 58504-7086

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

Name of Employer RETIRED Occupation PHARMACIST

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2016

Transaction ID : SA11A.8366

Amount of Each Receipt this Period
 100.00

Memo Item
CONTRIBUTION

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 29 OF 69
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
TERRI WILDER

Mailing Address 1749 PINTO PLACE

City BISMARCK State ND Zip Code 58503-0859

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFF(INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2016

Transaction ID : SA11A.8237

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address 2536 UNIVERSITY DRIVE S
UKCC120203

City FARGO State ND Zip Code 58103-5709

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

Name of Employer Occupation
WOLD JOHNSON PC ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2016

Transaction ID : SA11A.8248

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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).....

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

1250.00

46498.07

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

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

FOR LINE NUMBER: PAGE 30 OF 69
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
AMERICAN CRYSTAL SUGAR COMPANY PAC

Mailing Address 101 NORTH 3RD STREET

City State Zip Code
MOORHEAD MN 56560-1952

FEC ID number of contributing federal political committee. **C C00110338**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 04 / 2016

Transaction ID : SA11C.8264

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

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

Mailing Address 25 MASSACHUSETTS AVE NW, SUITE 600

City State Zip Code
WASHINGTON DC 20001-7400

FEC ID number of contributing federal political committee. **C C00000422**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 24 / 2016

Transaction ID : SA11C.8493

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN MARITIME OFFICERS VOLUNTARY POLITICAL ACTION

Mailing Address PO BOX 66

City State Zip Code
DANIA BEACH FL 33004-0066

FEC ID number of contributing federal political committee. **C C00027532**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 24 / 2016

Transaction ID : SA11C.8495

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

4500.00

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

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

FOR LINE NUMBER: PAGE 31 OF 69
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cramer for Congress

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

Mailing Address 2215 CONSTITUTION AVENUE, NW

City WASHINGTON State DC Zip Code 20037-2907

FEC ID number of contributing federal political committee. **C C00193854**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2016

Transaction ID : SA11C.8275

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN SOYBEAN ASSOCIATION

Mailing Address 12125 WOODCREST EXECUTIVE DRIVE, S

City ST. LOUIS State MO Zip Code 63141-5009

FEC ID number of contributing federal political committee. **C C00408468**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2016

Transaction ID : SA11C.8490

Amount of Each Receipt this Period
 2000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
APRIA HEALTHCARE PAC

Mailing Address 26220 ENTERPRISE COURT

City LAKE FOREST State CA Zip Code 92630-8405

FEC ID number of contributing federal political committee. **C C00240218**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2016

Transaction ID : SA11C.8497

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).....

5500.00

**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 32 OF 69
	<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)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
AT&T FEDERAL PAC

Mailing Address 208 S AKARD STREET STE. 2701

City DALLAS State TX Zip Code 75202-4206

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2016

Transaction ID : SA11C.8491

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BEST BUY CO EMPLOYEE POLITICAL FORUM

Mailing Address 7601 PENN AVE S

City RICHFIELD State MN Zip Code 55423-8500

FEC ID number of contributing federal political committee. **C** C00405076

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2016

Transaction ID : SA11C.8492

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2016

Transaction ID : SA11C.8277

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

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

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

5500.00

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

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

FOR LINE NUMBER: PAGE 33 OF 69
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC

Mailing Address 228 S. WASHINGTON ST., STE. 115

City State Zip Code
ALEXANDRIA VA 22314-5404

FEC ID number of contributing federal political committee. **C C00503680**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2016

Transaction ID : SA11C.8272

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DUKE ENERGY CORPORATION PAC

Mailing Address 550 SOUTH TRYON STREET, DEC37D

City State Zip Code
CHARLOTTE NC 28202-4200

FEC ID number of contributing federal political committee. **C C00083535**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2016

Transaction ID : SA11C.8494

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF CONVENIENCE STORES PAC (NACSPAC)

Mailing Address 1600 DUKE STREET

City State Zip Code
ALEXANDRIA VA 22314-3466

FEC ID number of contributing federal political committee. **C C00126763**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2016

Transaction ID : SA11C.8276

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 34 OF 69
	<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)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
NATIONAL RIFLE ASSOCIATION POLITICAL VICTORY FUND

Mailing Address 11250 WAPLES MILL ROAD

City State Zip Code
FAIRFAX VA 22030-7550

FEC ID number of contributing federal political committee. **C C00053553**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2016

Transaction ID : SA11C.8269

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NATIONAL SORGHUM PRODUCERS PAC

Mailing Address 4201 N INTERSTATE 27

City State Zip Code
LUBBOCK TX 79403-7507

FEC ID number of contributing federal political committee. **C C00475673**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2016

Transaction ID : SA11C.8273

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address PO BOX 361

City State Zip Code
WELLINGTON TX 79095-0361

FEC ID number of contributing federal political committee. **C C00382507**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2016

Transaction ID : SA11C.8271

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 35 OF 69
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
PFIZER INC PAC

Mailing Address **235 EAST 42ND STREET**

City **NEW YORK** State **NY** Zip Code **10017-5703**

FEC ID number of contributing federal political committee. **C C00016683**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 04 / 2016

Transaction ID : SA11C.8279

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PG&E CORPORATION ENERGYPAC

Mailing Address **77 BEALE STREET
PO BOX 770000 B29H**

City **SAN FRANCISCO** State **CA** Zip Code **94105-1814**

FEC ID number of contributing federal political committee. **C C00177469**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 04 / 2016

Transaction ID : SA11C.8270

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address **4517 W LOOP 289**

City **LUBBOCK** State **TX** Zip Code **79414-1235**

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 04 / 2016

Transaction ID : SA11C.8278

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

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

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

3500.00

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

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

FOR LINE NUMBER: PAGE 36 OF 69
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
REALTORS PAC

Mailing Address 430 N. MICHIGAN AVE.

City State Zip Code
CHICAGO IL 60611-4011

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2016

Transaction ID : SA11C.8252

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SPECTRA ENERGY CORP PAC

Mailing Address 5400 WESTHEIMER COURT

City State Zip Code
HOUSTON TX 77056-5353

FEC ID number of contributing federal political committee. **C** C00429662

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2016

Transaction ID : SA11C.8274

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
THE HOME DEPOT INC. PAC

Mailing Address 1155 F STREET NW, SUITE 400

City State Zip Code
WASHINGTON DC 20004-1346

FEC ID number of contributing federal political committee. **C** C00284885

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2016

Transaction ID : SA11C.8268

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

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

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

8000.00

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

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

FOR LINE NUMBER: PAGE 37 OF 69
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
TRINITY INDUSTRIES EMPLOYEE PAC

Mailing Address 2525 STEMMONS FWY

City State Zip Code
DALLAS TX 75207-2401

FEC ID number of contributing federal political committee. **C C00268904**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2016

Transaction ID : SA11C.8364

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
VERIZON COMMUNICATIONS INC./VERIZON WIRELESS GOOD GOVERNMENT

Mailing Address 1300 I ST NW, STE 400 WEST

City State Zip Code
WASHINGTON DC 20005-3314

FEC ID number of contributing federal political committee. **C C00186288**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
8000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2016

Transaction ID : SA11C.8267

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WALMART STORES, INC PAC

Mailing Address 702 SW 8TH ST

City State Zip Code
BENTONVILLE AR 72716-6209

FEC ID number of contributing federal political committee. **C C00093054**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2016

Transaction ID : SA11C.8496

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: PAGE 38 OF 69
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cramer for Congress

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

Mailing Address **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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 04 / 2016

Transaction ID : SA11C.8266

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WHITING PETROLEUM CORPORATION PAC

Mailing Address **1700 BROADWAY, STE. 2300**

City **DENVER** State **CO** Zip Code **80290-1703**

FEC ID number of contributing federal political committee. **C C00481192**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 04 / 2016

Transaction ID : SA11C.8265

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

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).....

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

3000.00

44500.00

**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 39 OF 69
	<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)
Cramer for Congress

A. Full Name (Last, First, Middle Initial)
KRIS CRAMER

Mailing Address 4256 HIGHCREEK RD

City BISMARCK State ND Zip Code 58503

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

Name of Employer CRAMER FOR CONGRESS Occupation CAMPAIGN MANAGER

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
204.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2016

Transaction ID : SA14.1433

Amount of Each Receipt this Period
204.96

Memo Item
RETURN DUE TO TRANSFER ERROR ON 3/18

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

Amount of Each Receipt this Period

Memo Item

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

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

204.96

204.96

**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 40 OF 69	
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. KRIS CRAMER			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016	
Mailing Address 4256 HIGHCREEK RD			Amount of Each Disbursement this Period 1000.00	
City BISMARCK	State ND	Zip Code 58503	<input type="checkbox"/> Memo Item	
Purpose of Disbursement SALARY		Candidate Name	Transaction ID : SB17.I1440	
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. KRIS CRAMER			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016	
Mailing Address 4256 HIGHCREEK RD			Amount of Each Disbursement this Period 1000.00	
City BISMARCK	State ND	Zip Code 58503	<input type="checkbox"/> Memo Item	
Purpose of Disbursement SALARY		Candidate Name	Transaction ID : SB17.I1441	
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. KRIS CRAMER			Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2016	
Mailing Address 4256 HIGHCREEK RD			Amount of Each Disbursement this Period 1000.00	
City BISMARCK	State ND	Zip Code 58503	<input type="checkbox"/> Memo Item	
Purpose of Disbursement SALARY		Candidate Name	Transaction ID : SB17.I1442	
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).....	3000.00
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 41 OF 69	
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. KRIS CRAMER			Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2016	
Mailing Address 4256 HIGHCREEK RD			Amount of Each Disbursement this Period 1000.00	
City BISMARCK	State ND	Zip Code 58503	Memo Item <input type="checkbox"/>	
Purpose of Disbursement SALARY		Category/ Type		
Candidate Name			Transaction ID : SB17.I1443	
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. KRIS CRAMER			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2016	
Mailing Address 4256 HIGHCREEK RD			Amount of Each Disbursement this Period 2551.05	
City BISMARCK	State ND	Zip Code 58503	Memo Item <input type="checkbox"/>	
Purpose of Disbursement REIMBURSEMENT (SEE BELOW)		Category/ Type		
Candidate Name			Transaction ID : SB17.I1444	
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. KRIS CRAMER			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016	
Mailing Address 4256 HIGHCREEK RD			Amount of Each Disbursement this Period 555.45	
City BISMARCK	State ND	Zip Code 58503	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement MILEAGE REIMBURSEMENT		Category/ Type		
Candidate Name			Transaction ID : SB17.I1518 CRAMER 4/6	
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)	3551.05
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 42 OF 69	
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. KRIS CRAMER		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address 4256 HIGHCREEK RD		Amount of Each Disbursement this Period 625.00
City BISMARCK State ND Zip Code 58503	Purpose of Disbursement TRAVEL - PER DIEM (7 DAYS)	
Candidate Name	Category/Type	<input checked="" 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)	Transaction ID : SB17.I1519 CRAMER 4/6
State: District:		

Full Name (Last, First, Middle Initial) B. DELTA		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2016
Mailing Address 1030 DELTA BLVD		Amount of Each Disbursement this Period 1370.60
City ATLANTA State GA Zip Code 30354	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	<input checked="" 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)	Transaction ID : SB17.I1517 CRAMER 4/6
State: District:		

Full Name (Last, First, Middle Initial) C. JEFF HARRISON		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2016
Mailing Address 316 PENNSYLVANIA AVE SE STE 401		Amount of Each Disbursement this Period 643.07
City WASHINGTON State DC Zip Code 20003-1172	Purpose of Disbursement IN-KIND CONTRIBUTION	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.8243 FOOD & BEVERAGES
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	643.07
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 43 OF 69	
	<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)
Cramer for Congress

A. ANNE SENNE

Full Name (Last, First, Middle Initial)
Mailing Address 421 RIVERSIDE PARK RD APT 6

City BISMARK State ND Zip Code 58504

Purpose of Disbursement ADMINISTRATIVE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Date of Disbursement: 04 / 18 / 2016

Amount of Each Disbursement this Period: 120.00

Memo Item

Transaction ID : SB17.I1491

B. RACHEL WEGNER

Full Name (Last, First, Middle Initial)
Mailing Address 5101 SUNLIGHT DR

City BISMARCK State ND Zip Code 58503

Purpose of Disbursement ADMINISTRATIVE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Date of Disbursement: 04 / 01 / 2016

Amount of Each Disbursement this Period: 140.00

Memo Item

Transaction ID : SB17.I1460

C. RACHEL WEGNER

Full Name (Last, First, Middle Initial)
Mailing Address 5101 SUNLIGHT DR

City BISMARCK State ND Zip Code 58503

Purpose of Disbursement ADMINISTRATIVE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Date of Disbursement: 04 / 18 / 2016

Amount of Each Disbursement this Period: 120.00

Memo Item

Transaction ID : SB17.I1492

SUBTOTAL of Disbursements This Page (optional) 380.00

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 44 OF 69			
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. RACHEL WEGNER			Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2016		
Mailing Address 5101 SUNLIGHT DR			Amount of Each Disbursement this Period 400.00		
City BISMARCK	State ND	Zip Code 58503	<input type="checkbox"/> Memo Item Transaction ID : SB17.I1493		
Purpose of Disbursement ADMINISTRATIVE CONSULTING		Category/Type			
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. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2016		
Mailing Address 200 VESSEY ST			Amount of Each Disbursement this Period 3625.37		
City MANHATTAN	State NY	Zip Code 10080	<input type="checkbox"/> Memo Item Transaction ID : SB17.I1482		
Purpose of Disbursement CC PAYMENT (SEE BELOW)		Category/Type			
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) C. DELTA			Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2016		
Mailing Address 1030 DELTA BLVD			Amount of Each Disbursement this Period 650.70		
City ATLANTA	State GA	Zip Code 30354	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I1513 AMEX MAY		
Purpose of Disbursement TRAVEL		Category/Type			
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:					

SUBTOTAL of Disbursements This Page (optional).....	4025.37
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 45 OF 69	
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. DELTA		Date of Disbursement MM / DD / YYYY 04 / 22 / 2016
Mailing Address 1030 DELTA BLVD		Amount of Each Disbursement this Period 650.70
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.I1514 AMEX MAY

Full Name (Last, First, Middle Initial) B. ENTERPRISE RENT-A-CAR		Date of Disbursement MM / DD / YYYY 04 / 10 / 2016
Mailing Address 600 CORPORATE PARK DR		Amount of Each Disbursement this Period 342.63
City SAINT LOUIS	State MO Zip Code 63105	
Purpose of Disbursement TRAVEL	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.I1515 AMEX MAY

Full Name (Last, First, Middle Initial) C. ROYAL PALMS INN		Date of Disbursement MM / DD / YYYY 04 / 10 / 2016
Mailing Address 5200 E CAMELBACK RD		Amount of Each Disbursement this Period 1981.34
City PHOENIX	State AZ Zip Code 85018	
Purpose of Disbursement TRAVEL	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.I1516 AMEX MAY

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 46 OF 69	
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2016
Mailing Address 200 VESSEY ST		Amount of Each Disbursement this Period 4571.62
City MANHATTAN	State NY Zip Code 10080	
Purpose of Disbursement CC PAYMENT (SEE BELOW)		<input type="checkbox"/> Memo Item
Candidate Name		Transaction ID : SB17.I1483
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	

Full Name (Last, First, Middle Initial) B. BISMARCK MUNICIPAL AIRPORT		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2016
Mailing Address 2301 UNIVERSITY DR		Amount of Each Disbursement this Period 50.00
City BISMARCK	State ND Zip Code 58504	
Purpose of Disbursement TRAVEL		<input checked="" type="checkbox"/> Memo Item
Candidate Name		Transaction ID : SB17.I1507 AMEX APRIL (B)
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	

Full Name (Last, First, Middle Initial) C. DELTA		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2016
Mailing Address 1030 DELTA BLVD		Amount of Each Disbursement this Period 591.70
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL		<input checked="" type="checkbox"/> Memo Item
Candidate Name		Transaction ID : SB17.I1508 AMEX APRIL (B)
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	

SUBTOTAL of Disbursements This Page (optional).....	4571.62
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 47 OF 69	
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. DELTA		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2016
Mailing Address 1030 DELTA BLVD		Amount of Each Disbursement this Period 591.70
City ATLANTA	State GA	
Zip Code 30354	Purpose of Disbursement TRAVEL	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I1509
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)	AMEX APRIL (B)
State: District:		

Full Name (Last, First, Middle Initial) B. DELTA		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2016
Mailing Address 1030 DELTA BLVD		Amount of Each Disbursement this Period 1370.60
City ATLANTA	State GA	
Zip Code 30354	Purpose of Disbursement TRAVEL	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I1510
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)	AMEX APRIL (B)
State: District:		

Full Name (Last, First, Middle Initial) C. DELTA		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2016
Mailing Address 1030 DELTA BLVD		Amount of Each Disbursement this Period 280.10
City ATLANTA	State GA	
Zip Code 30354	Purpose of Disbursement TRAVEL	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I1511
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)	AMEX APRIL (B)
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 48 OF 69			
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial)
A. FOUR SEASONS

Mailing Address 44705 BIRCH POINT RD

City CABLE State WI Zip Code 54821

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 08 / 2016

Amount of Each Disbursement this Period: 1687.52

Memo Item

Transaction ID : SB17.I1512
AMEX APRIL (B)

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

Mailing Address 200 VESSEY ST

City MANHATTAN State NY Zip Code 10080

Purpose of Disbursement CC PAYMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 08 / 2016

Amount of Each Disbursement this Period: 6062.24

Memo Item

Transaction ID : SB17.I1484

Full Name (Last, First, Middle Initial)
C. ENTERPRISE RENT-A-CAR

Mailing Address 600 CORPORATE PARK DR

City SAINT LOUIS State MO Zip Code 63105

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 31 / 2016

Amount of Each Disbursement this Period: 419.85

Memo Item

Transaction ID : SB17.I1494
AMEX APRIL

SUBTOTAL of Disbursements This Page (optional) 6062.24

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 49 OF 69			
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial)
A. ENTERPRISE RENT-A-CAR

Mailing Address 600 CORPORATE PARK DR

City SAINT LOUIS State MO Zip Code 63105

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 17 / 2016

Amount of Each Disbursement this Period: 404.42

Memo Item

Transaction ID : SB17.I1495
AMEX APRIL

Full Name (Last, First, Middle Initial)
B. LSU ALUMNI CENTER

Mailing Address 3838 W LAKESHORE DR.

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement VENUE & LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 31 / 2016

Amount of Each Disbursement this Period: 489.70

Memo Item

Transaction ID : SB17.I1496
AMEX APRIL

Full Name (Last, First, Middle Initial)
C. LSU ALUMNI CENTER

Mailing Address 3838 W LAKESHORE DR.

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement VENUE & LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 01 / 2016

Amount of Each Disbursement this Period: 400.00

Memo Item

Transaction ID : SB17.I1497
AMEX APRIL

SUBTOTAL of Disbursements This Page (optional)..... 0.00

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 50 OF 69	
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. LSU ALUMNI CENTER		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016
Mailing Address 3838 W LAKESHORE DR.		Amount of Each Disbursement this Period 977.92
City BATON ROUGE State LA Zip Code 70808	Purpose of Disbursement VENUE & LODGING	
Candidate Name		<input checked="" 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)	Transaction ID : SB17.I1498 AMEX APRIL
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. MARRIOTT		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2016
Mailing Address 10400 FERNWOOD RD		Amount of Each Disbursement this Period 678.75
City BETHESDA State MD Zip Code 20081	Purpose of Disbursement TRAVEL	
Candidate Name		<input checked="" 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)	Transaction ID : SB17.I1499 AMEX APRIL
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016
Mailing Address P.O. BOX 66100		Amount of Each Disbursement this Period 54.00
City CHICAGO State IL Zip Code 60666	Purpose of Disbursement TRAVEL	
Candidate Name		<input checked="" 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)	Transaction ID : SB17.I1500 AMEX APRIL
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 51 OF 69			
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016
Mailing Address P.O. BOX 66100		Amount of Each Disbursement this Period 54.00
City CHICAGO	State IL	Zip Code 60666
Purpose of Disbursement TRAVEL	Category/Type	
Candidate Name	Memo Item <input checked="" 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:	Transaction ID : SB17.I1501 AMEX APRIL	

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2016
Mailing Address P.O. BOX 66100		Amount of Each Disbursement this Period 811.20
City CHICAGO	State IL	Zip Code 60666
Purpose of Disbursement TRAVEL	Category/Type	
Candidate Name	Memo Item <input checked="" 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:	Transaction ID : SB17.I1502 AMEX APRIL	

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2016
Mailing Address P.O. BOX 66100		Amount of Each Disbursement this Period 811.20
City CHICAGO	State IL	Zip Code 60666
Purpose of Disbursement TRAVEL	Category/Type	
Candidate Name	Memo Item <input checked="" 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:	Transaction ID : SB17.I1503 AMEX APRIL	

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 52 OF 69	
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2016
Mailing Address P.O. BOX 66100		Amount of Each Disbursement this Period 811.20
City CHICAGO	State IL	
Zip Code 60666	Purpose of Disbursement TRAVEL	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
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 : SB17.I1504 AMEX APRIL
State: District:		

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2016
Mailing Address P.O. BOX 66100		Amount of Each Disbursement this Period 75.00
City CHICAGO	State IL	
Zip Code 60666	Purpose of Disbursement TRAVEL	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
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 : SB17.I1505 AMEX APRIL
State: District:		

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2016
Mailing Address P.O. BOX 66100		Amount of Each Disbursement this Period 75.00
City CHICAGO	State IL	
Zip Code 60666	Purpose of Disbursement TRAVEL	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
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 : SB17.I1506 AMEX APRIL
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 53 OF 69	
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2016
Mailing Address 200 VESSEY ST		Amount of Each Disbursement this Period 67.38
City MANHATTAN	State NY	
Zip Code 10080	Purpose of Disbursement CC PROCESSING	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I1520
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. AT&T		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2016
Mailing Address 541 S 7TH ST		Amount of Each Disbursement this Period 289.44
City BISMARCK	State ND	
Zip Code 58504	Purpose of Disbursement PHONES	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I1446
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. BEST BUY		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2016
Mailing Address 7601 PENN AVE S		Amount of Each Disbursement this Period 85.18
City RICHFIELD	State MN	
Zip Code 55423	Purpose of Disbursement OFFICE SUPPLIES	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I1458
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).....	442.00
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 54 OF 69			
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial)
A. BISMARCK MUNICIPAL AIRPORT

Mailing Address 2301 UNIVERSITY DR

City BISMARCK State ND Zip Code 58504

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 12 / 2016

Amount of Each Disbursement this Period: 30.00

Memo Item

Transaction ID : SB17.I1435

Full Name (Last, First, Middle Initial)
B. BISMARCK MUNICIPAL AIRPORT

Mailing Address 2301 UNIVERSITY DR

City BISMARCK State ND Zip Code 58504

Purpose of Disbursement PARKING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 23 / 2016

Amount of Each Disbursement this Period: 10.00

Memo Item

Transaction ID : SB17.I1455

Full Name (Last, First, Middle Initial)
C. CAPITOL HILL CLUB

Mailing Address 300 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement FOOD / BEVERAGES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 18 / 2016

Amount of Each Disbursement this Period: 571.11

Memo Item

Transaction ID : SB17.I1465

SUBTOTAL of Disbursements This Page (optional) 611.11

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 55 OF 69	
	<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)
Cramer for Congress

A. CAPITOL HILL CLUB

Full Name (Last, First, Middle Initial)
Mailing Address 300 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement FOOD / BEVERAGES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 18 / 2016

Amount of Each Disbursement this Period: 844.10

Memo Item

Transaction ID : SB17.I1466

B. CMDI

Full Name (Last, First, Middle Initial)
Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement DATABASE SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 19 / 2016

Amount of Each Disbursement this Period: 800.00

Memo Item

Transaction ID : SB17.I1471

C. CMDI

Full Name (Last, First, Middle Initial)
Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement DATABASE SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 19 / 2016

Amount of Each Disbursement this Period: 800.00

Memo Item

Transaction ID : SB17.I1472

SUBTOTAL of Disbursements This Page (optional) 2444.10

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 56 OF 69			
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2016
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 17.45
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement CC PROCESSING	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I1479
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. CMDI		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2016
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 27.25
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement CC PROCESSING	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I1480
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. CMDI		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 83.55
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement CC PROCESSING	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I1481
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).....	128.55
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 57 OF 69	
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. CMDI		<input type="text" value="05"/> / <input type="text" value="16"/> / <input type="text" value="2016"/>
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period <input type="text" value="24.75"/>
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement CC PROCESSING	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I1485
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)		Date of Disbursement
B. CMDI		<input type="text" value="04"/> / <input type="text" value="04"/> / <input type="text" value="2016"/>
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period <input type="text" value="69.36"/>
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement CC PROCESSING	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I1486
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)		Date of Disbursement
C. CMDI		<input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2016"/>
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period <input type="text" value="5.15"/>
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement CC PROCESSING	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I1487
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).....	<input type="text" value="99.26"/>
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 58 OF 69	
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 21.73
City FALLS CHURCH	State VA Zip Code 22043	
Purpose of Disbursement CC PROCESSING	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Transaction ID : SB17.I1488	
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. CONNECT STRATEGIC COMMUNICATIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2016
Mailing Address 1910 PACIFIC AVE SUITE 50504		Amount of Each Disbursement this Period 3693.61
City DALLAS	State TX Zip Code 75201	
Purpose of Disbursement COMMUNICATIONS CONSULTING	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Transaction ID : SB17.I1477	
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. CONNECT STRATEGIC COMMUNICATIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2016
Mailing Address 1910 PACIFIC AVE SUITE 50504		Amount of Each Disbursement this Period 3944.81
City DALLAS	State TX Zip Code 75201	
Purpose of Disbursement COMMUNICATIONS CONSULTING	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Transaction ID : SB17.I1478	
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).....	7660.15
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 59 OF 69			
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. ELECTION CFO, LLC		Date of Disbursement MM / DD / YYYY 05 / 17 / 2016
Mailing Address P.O. BOX 26141		Amount of Each Disbursement this Period 1214.99
City ALEXANDRIA	State VA	
Zip Code 22313	Purpose of Disbursement COMPLIANCE CONSULTING	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I1474
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. ELECTION CFO, LLC		Date of Disbursement MM / DD / YYYY 04 / 29 / 2016
Mailing Address P.O. BOX 26141		Amount of Each Disbursement this Period 1231.76
City ALEXANDRIA	State VA	
Zip Code 22313	Purpose of Disbursement COMPLIANCE CONSULTING	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I1475
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. ELECTION CFO, LLC		Date of Disbursement MM / DD / YYYY 04 / 14 / 2016
Mailing Address P.O. BOX 26141		Amount of Each Disbursement this Period 1246.14
City ALEXANDRIA	State VA	
Zip Code 22313	Purpose of Disbursement COMPLIANCE CONSULTING	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I1476
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).....	3692.89
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 60 OF 69	
	<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)
Cramer for Congress

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

Mailing Address 1601 S. CALIFORNIA AVE

City PALO ALTO State CA Zip Code 94304

Purpose of Disbursement
ADVERTISING - ONLINE

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
05 / 02 / 2016

Amount of Each Disbursement this Period
42.00

Memo Item

Transaction ID : SB17.I1490

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

Mailing Address 7300 HUDSON BLVD, SUITE 270

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement
VOTER TELEPHONE CONTACT

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
04 / 26 / 2016

Amount of Each Disbursement this Period
507.80

Memo Item

Transaction ID : SB17.I1434

Full Name (Last, First, Middle Initial)
C. GALLION FOR ND AUDITOR

Mailing Address 4326 TURNBOW LN

City BISMARCK State ND Zip Code 58503

Purpose of Disbursement
CONTRIBUTION

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
04 / 14 / 2016

Amount of Each Disbursement this Period
3000.00

Memo Item

Transaction ID : SB17.I1473

SUBTOTAL of Disbursements This Page (optional)..... 3549.80

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 61 OF 69	
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. GULA GRAHAM		Date of Disbursement MM / DD / YYYY 04 / 01 / 2016
Mailing Address 499 S CAPITOL ST SW SUITE 420		Amount of Each Disbursement this Period 17005.57
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement FUNDRAISING CONSULTING EXPENSES	
Candidate Name	Category/Type	<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)	Transaction ID : SB17.I1461
State: District:		

Full Name (Last, First, Middle Initial) B. GULA GRAHAM		Date of Disbursement MM / DD / YYYY 04 / 06 / 2016
Mailing Address 499 S CAPITOL ST SW SUITE 420		Amount of Each Disbursement this Period 9521.41
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement FUNDRAISING CONSULTING EXPENSES	
Candidate Name	Category/Type	<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)	Transaction ID : SB17.I1462
State: District:		

Full Name (Last, First, Middle Initial) C. GULA GRAHAM		Date of Disbursement MM / DD / YYYY 05 / 17 / 2016
Mailing Address 499 S CAPITOL ST SW SUITE 420		Amount of Each Disbursement this Period 1792.39
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	<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)	Transaction ID : SB17.I1463
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	17005.57
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 62 OF 69			
	<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)
Cramer for Congress

A. GULA GRAHAM

Full Name (Last, First, Middle Initial)

Mailing Address 499 S CAPITOL ST SW
SUITE 420

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 27 / 2016

Amount of Each Disbursement this Period: 19870.00

Memo Item

Transaction ID : SB17.I1464

B. PAYPAL, INC.

Full Name (Last, First, Middle Initial)

Mailing Address 2211 NORTH FIRST STREET

City SAN JOSE State CA Zip Code 95131

Purpose of Disbursement CC PROCESSING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 30 / 2016

Amount of Each Disbursement this Period: 462.28

Memo Item

Transaction ID : SB17.I1521

C. PAYPAL, INC.

Full Name (Last, First, Middle Initial)

Mailing Address 2211 NORTH FIRST STREET

City SAN JOSE State CA Zip Code 95131

Purpose of Disbursement CC PROCESSING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 25 / 2016

Amount of Each Disbursement this Period: 64.56

Memo Item

Transaction ID : SB17.I1522

SUBTOTAL of Disbursements This Page (optional) 20396.84

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 63 OF 69			
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. RAMADA		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2016
Mailing Address P.O. BOX 4090		Amount of Each Disbursement this Period 142.55
City ABERDEEN	State SD	
Zip Code 57401	Purpose of Disbursement TRAVEL	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I1436
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. RAMADA		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2016
Mailing Address P.O. BOX 4090		Amount of Each Disbursement this Period 285.10
City ABERDEEN	State SD	
Zip Code 57401	Purpose of Disbursement TRAVEL	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I1437
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. RAMADA		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2016
Mailing Address P.O. BOX 4090		Amount of Each Disbursement this Period 329.30
City ABERDEEN	State SD	
Zip Code 57401	Purpose of Disbursement TRAVEL	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I1438
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).....	756.95
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 64 OF 69			
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. RAMADA		Date of Disbursement MM / DD / YYYY 04 / 06 / 2016
Mailing Address P.O. BOX 4090		Amount of Each Disbursement this Period 1511.70
City ABERDEEN	State SD	
Zip Code 57401	Purpose of Disbursement TRAVEL	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I1439
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. SAM'S CLUB		Date of Disbursement MM / DD / YYYY 04 / 07 / 2016
Mailing Address 2821 ROCK ISLAND PLACE		Amount of Each Disbursement this Period 14.87
City BISMARCK	State ND	
Zip Code 58504	Purpose of Disbursement OFFICE SUPPLIES	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I1456
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. STAPLES		Date of Disbursement MM / DD / YYYY 05 / 06 / 2016
Mailing Address 840 S WASHINGTON		Amount of Each Disbursement this Period 62.82
City BISMARCK	State ND	
Zip Code 58504	Purpose of Disbursement OFFICE SUPPLIES	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I1457
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).....	1589.39
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 65 OF 69			
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. STARBUCKS			Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016		
Mailing Address 2401 UTAH AVE S			Amount of Each Disbursement this Period 1172.95		
City SEATTLE	State WA	Zip Code 98134	<input type="checkbox"/> Memo Item Transaction ID : SB17.I1467		
Purpose of Disbursement FOOD / BEVERAGES		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. SUREPAYROLL			Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2016		
Mailing Address 2350 RAVINE WAY STE 100			Amount of Each Disbursement this Period 79.30		
City GLENVIEW	State IL	Zip Code 60025	<input type="checkbox"/> Memo Item Transaction ID : SB17.I1447		
Purpose of Disbursement PAYROLL TAXES		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. SUREPAYROLL			Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2016		
Mailing Address 2350 RAVINE WAY STE 100			Amount of Each Disbursement this Period 79.30		
City GLENVIEW	State IL	Zip Code 60025	<input type="checkbox"/> Memo Item Transaction ID : SB17.I1448		
Purpose of Disbursement PAYROLL TAXES		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Disbursements This Page (optional).....	1331.55
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 66 OF 69			
	<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)
Cramer for Congress

A. SUREPAYROLL

Full Name (Last, First, Middle Initial)

Mailing Address 2350 RAVINE WAY STE 100

City GLENVIEW State IL Zip Code 60025

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 01 / 2016

Amount of Each Disbursement this Period: 97.24

Memo Item

Transaction ID : SB17.I1449

B. SUREPAYROLL

Full Name (Last, First, Middle Initial)

Mailing Address 2350 RAVINE WAY STE 100

City GLENVIEW State IL Zip Code 60025

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 18 / 2016

Amount of Each Disbursement this Period: 99.78

Memo Item

Transaction ID : SB17.I1450

C. SUREPAYROLL

Full Name (Last, First, Middle Initial)

Mailing Address 2350 RAVINE WAY STE 100

City GLENVIEW State IL Zip Code 60025

Purpose of Disbursement PAYROLL PROCESSING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 02 / 2016

Amount of Each Disbursement this Period: 30.41

Memo Item

Transaction ID : SB17.I1451

SUBTOTAL of Disbursements This Page (optional) 227.43

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 67 OF 69	
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. SUREPAYROLL		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2016
Mailing Address 2350 RAVINE WAY STE 100		Amount of Each Disbursement this Period 30.41
City GLENVIEW State IL Zip Code 60025	Purpose of Disbursement PAYROLL PROCESSING	
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)	Transaction ID : SB17.I1452
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. SUREPAYROLL		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016
Mailing Address 2350 RAVINE WAY STE 100		Amount of Each Disbursement this Period 32.15
City GLENVIEW State IL Zip Code 60025	Purpose of Disbursement PAYROLL PROCESSING	
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)	Transaction ID : SB17.I1453
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. SUREPAYROLL		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016
Mailing Address 2350 RAVINE WAY STE 100		Amount of Each Disbursement this Period 33.88
City GLENVIEW State IL Zip Code 60025	Purpose of Disbursement PAYROLL PROCESSING	
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)	Transaction ID : SB17.I1454
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	96.44
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 68 OF 69			
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. UNISOURCE DIRECT			Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2016
Mailing Address P.O. BOX 82			Amount of Each Disbursement this Period 2286.98
City WATERTOWN	State WI	Zip Code 53094	
Purpose of Disbursement DIRECT MAIL		Category/ Type	<input type="checkbox"/> Memo Item
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)		Transaction ID : SB17.I1469
State: District:			

Full Name (Last, First, Middle Initial) B. UNISOURCE DIRECT			Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2016
Mailing Address P.O. BOX 82			Amount of Each Disbursement this Period 8244.36
City WATERTOWN	State WI	Zip Code 53094	
Purpose of Disbursement DIRECT MAIL		Category/ Type	<input type="checkbox"/> Memo Item
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)		Transaction ID : SB17.I1470
State: District:			

Full Name (Last, First, Middle Initial) C. UNITED PRINTING			Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2016
Mailing Address 117 W FRONT AVE			Amount of Each Disbursement this Period 624.90
City BISMARCK	State ND	Zip Code 58504	
Purpose of Disbursement PRINTING		Category/ Type	<input type="checkbox"/> Memo Item
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)		Transaction ID : SB17.I1445
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	11156.24
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 69 OF 69			
	<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)
Cramer for Congress

Full Name (Last, First, Middle Initial) A. US BANK			Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2016	
Mailing Address 200 NORTH 3RD STREET, #200			Amount of Each Disbursement this Period 39.50	
City BISMARCK	State ND	Zip Code 58501	Memo Item <input type="checkbox"/>	
Purpose of Disbursement BANK FEE		Category/Type		
Candidate Name			Transaction ID : SB17.I1489	
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.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code	Memo Item <input type="checkbox"/>	
Purpose of Disbursement		Category/Type		
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) C.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code	Memo Item <input type="checkbox"/>	
Purpose of Disbursement		Category/Type		
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: _____			

SUBTOTAL of Disbursements This Page (optional)	39.50
TOTAL This Period (last page this line number only)	93460.82