

# 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

|                                                                                                                                                                             |                    |                               |                                                              |                           |                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------|--------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>1. NAME OF COMMITTEE IN FULL</b><br>Cramer for Senate                                                                                                                    |                    |                               |                                                              |                           |                                                                                                             |
| <b>ADDRESS</b> (number and street) PO Box 396                                                                                                                               |                    |                               |                                                              |                           |                                                                                                             |
| <b>CITY</b><br>Bismarck                                                                                                                                                     |                    | <b>STATE</b><br>ND            |                                                              | <b>ZIP CODE</b><br>58502  |                                                                                                             |
| <b>2. NAME OF CANDIDATE</b><br>Cramer, Kevin, , ,                                                                                                                           |                    |                               | <b>3. OFFICE SOUGHT</b> (State and District)<br>Senate ND 00 |                           | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00504704                                                            |
| <b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____ |                    |                               |                                                              |                           |                                                                                                             |
| <b>A. FULL NAME</b><br>AGC PAC                                                                                                                                              |                    |                               | Name of Employer                                             |                           | Date (month, day, year)                                                                                     |
| <b>MAILING ADDRESS</b><br>2300 WILSON BLVD, STE 300                                                                                                                         |                    |                               | Transaction ID : TX161108                                    |                           | Amount                                                                                                      |
| <b>CITY</b><br>ARLINGTON                                                                                                                                                    | <b>STATE</b><br>VA | <b>ZIP CODE</b><br>22201-5426 | Occupation                                                   |                           | 10/23/2024<br>2500.00                                                                                       |
| <b>B. FULL NAME</b><br>NATIONAL ASSOCIATION OF HOME BUILDERS PAC                                                                                                            |                    |                               | Name of Employer                                             |                           | Date (month, day, year)                                                                                     |
| <b>MAILING ADDRESS</b><br>1201 15TH STREET NW                                                                                                                               |                    |                               | Transaction ID : TX161109                                    |                           | Amount                                                                                                      |
| <b>CITY</b><br>WASHINGTON                                                                                                                                                   | <b>STATE</b><br>DC | <b>ZIP CODE</b><br>20005-2842 | Occupation                                                   |                           | 10/23/2024<br>5000.00                                                                                       |
| <b>C. FULL NAME</b><br>NATIONAL PRO-LIFE ALLIANCE PAC                                                                                                                       |                    |                               | Name of Employer                                             |                           | Date (month, day, year)                                                                                     |
| <b>MAILING ADDRESS</b><br>5211 PORT ROYAL ROAD, SUITE 500                                                                                                                   |                    |                               | Transaction ID : TX161116                                    |                           | Amount                                                                                                      |
| <b>CITY</b><br>SPRINGFIELD                                                                                                                                                  | <b>STATE</b><br>VA | <b>ZIP CODE</b><br>22151-2100 | Occupation                                                   |                           | 10/23/2024<br>2500.00                                                                                       |
| <b>D. FULL NAME</b><br>RICKETTS, MARLENE, , ,                                                                                                                               |                    |                               | Name of Employer<br>RETIRED                                  |                           | Date (month, day, year)                                                                                     |
| <b>MAILING ADDRESS</b><br>P.O. BOX 31519                                                                                                                                    |                    |                               | Transaction ID : TX162132                                    |                           | Amount                                                                                                      |
| <b>CITY</b><br>OMAHA                                                                                                                                                        | <b>STATE</b><br>NE | <b>ZIP CODE</b><br>68131-0519 | Occupation<br>RETIRED                                        |                           | 10/24/2024<br>3300.00                                                                                       |
| <b>E. FULL NAME</b>                                                                                                                                                         |                    |                               | Name of Employer                                             |                           | Date (month, day, year)                                                                                     |
| <b>MAILING ADDRESS</b>                                                                                                                                                      |                    |                               |                                                              |                           | Amount                                                                                                      |
| <b>CITY</b>                                                                                                                                                                 | <b>STATE</b>       | <b>ZIP CODE</b>               | Occupation                                                   |                           |                                                                                                             |
| <b>SIGNATURE (optional)</b><br>Marston, Christopher, M., ,                                                                                                                  |                    |                               |                                                              | <b>DATE</b><br>10/25/2024 | For further information,<br>contact the Federal Election Commission<br>at 800-424-9530 or visit www.fec.gov |

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**FEC FORM 6**  
(Revised 03/2016)