

**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

Armstrong for Congress

ADDRESS (number and street)

1515 Burnt Boat Drive

Suite C, Box 112

Bismarck

ND

58503

☐ Check if different
than previously
reported. (ACC)

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00670547

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

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

M M / D D / Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y

04

D D / Y Y Y Y

01

Y Y Y Y

2024

through

M M / D D / Y Y Y Y

06

D D / Y Y Y Y

30

Y Y Y Y

2024

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

Type or Print Name of Treasurer

Hobbs, Cabell, , ,

Signature of Treasurer

Hobbs, Cabell, , ,

Date

M M / D D / Y Y Y Y

07

D D / Y Y Y Y

12

Y Y Y Y

2024

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

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Armstrong for Congress

Report Covering the Period: From: 04 / 01 / 2024 To: 06 / 30 / 2024

	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))	0.00	848785.03
(b) Total Contribution Refunds (from Line 20(d))	0.00	69350.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	779435.03
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	10461.46	736371.52
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	10461.46	736371.52
8. Cash on Hand at Close of Reporting Period (from Line 27)	163304.17	
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)	200000.00	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Armstrong for Congress

Report Covering the Period: From: 04 / 01 / 2024 To: 06 / 30 / 2024

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).....	0.00	248375.00
(ii) Unitemized	0.00	3678.87
(iii) TOTAL of contributions from individuals	0.00	252053.87
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	596731.16
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	848785.03
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	48381.70
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.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	1125.00	1125.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	1125.00	898291.73

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	10461.46	736371.52
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	33350.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	36000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	69350.00
21. OTHER DISBURSEMENTS	0.00	285200.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	10461.46	1090921.52

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	172640.63
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1125.00
25. SUBTOTAL (add Line 23 and Line 24).....	173765.63
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	10461.46
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	163304.17

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 11a	☐ 11b	☐ 11c	☐ 11d
☐ 12	☐ 13a	☐ 13b	☐ 14
☒ 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)

Armstrong for Congress

Full Name (Last, First, Middle Initial)

CRAIG RIEDEL FOR OHIO

A.

Mailing Address PO BOX 141104

City

TOLEDO

State

OH

Zip Code

43614

FEC ID number of contributing
federal political committee.

C C00800003

Name of Employer

Occupation

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 09 2024

Transaction ID : SA15.21

Amount of Each Receipt this Period

1125.00



Memo Item

CONTRIBUTION REFUND

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period



Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period



Memo Item

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

1125.00

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

1125.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Armstrong for Congress

Full Name (Last, First, Middle Initial)

A. CAPITOL HILL CLUB

Mailing Address 300 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

283.46

Transaction ID : SB17.10002

☐ Memo Item**B. RIGHTSIDE COMPLIANCE**

Mailing Address PO BOX 341027

City
AUSTINState
TXZip Code
78734Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

1350.50

Transaction ID : SB17.10001

☐ Memo Item**C. VISA**

Mailing Address PO BOX 6818

City
CAROL STREAMState
ILZip Code
60197Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

589.03

Transaction ID : SB17.10000

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2222.99

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Armstrong for Congress

Full Name (Last, First, Middle Initial)

A. CAPITOL HILL CLUB

Mailing Address 300 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

104.03

Transaction ID : SB17.2001

☒ Memo Item**B. MAILCHIMP**

Mailing Address 405 N ANGIER AVE NE

City
ATLANTAState
GAZip Code
30308Purpose of Disbursement
WEB SVC/SUBSCRIPTION

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

450.00

Transaction ID : SB17.2000

☒ Memo Item**C. VISA**

Mailing Address PO BOX 6818

City
CAROL STREAMState
ILZip Code
60197Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

35.00

Transaction ID : SB17.2002

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Armstrong for Congress

Full Name (Last, First, Middle Initial)

A. ADP

Mailing Address ONE ADP BLVD

City
ROSELANDState
NJZip Code
07068Purpose of Disbursement
PAYROLL SVC/PAYROLL TAXES

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

8.95

Transaction ID : SB17.10004

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TRUIST

Mailing Address 200 WEST SECOND ST

City
WINSTON-SALEMState
NCZip Code
27101Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

15.00

Transaction ID : SB17.10003

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. INTUIT

Mailing Address 2700 COAST AVE

City
MOUNTAIN VIEWState
CAZip Code
94043Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

60.00

Transaction ID : SB17.10005

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

83.95

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Armstrong for Congress

Full Name (Last, First, Middle Initial)

A. CAPITOL HILL CLUB

Mailing Address 300 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
FOOD/BEVERAGE

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
0	5		1	5		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

1571.70

Transaction ID : SB17.10007

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. VISA

Mailing Address PO BOX 6818

City
CAROL STREAMState
ILZip Code
60197Purpose of Disbursement
CREDIT CARD PAYMENT

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
0	5		1	5		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

814.76

Transaction ID : SB17.10006

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CAPITOL HILL CLUB

Mailing Address 300 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
FOOD/BEVERAGE

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
0	5		1	5		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

364.76

Transaction ID : SB17.2004

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2386.46

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Armstrong for Congress

Full Name (Last, First, Middle Initial)

A. MAILCHIMP

Mailing Address 405 N ANGIER AVE NE

City
ATLANTAState
GAZip Code
30308Purpose of Disbursement
WEB SVC/SUBSCRIPTION

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

450.00

Transaction ID : SB17.2003

☒ Memo Item**B. TRUIST**

Mailing Address 200 WEST SECOND ST

City
WINSTON-SALEMState
NCZip Code
27101Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

15.00

Transaction ID : SB17.10008

☐ Memo Item**C. RIGHTSIDE COMPLIANCE**

Mailing Address PO BOX 341027

City
AUSTINState
TXZip Code
78734Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

615.00

Transaction ID : SB17.10009

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

630.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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(check only one)

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20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Armstrong for Congress

Full Name (Last, First, Middle Initial)

A. INTUIT

Mailing Address 2700 COAST AVE

City
MOUNTAIN VIEWState
CAZip Code
94043Purpose of Disbursement
SUBSCRIPTION

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
0	5		2	8		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

60.00

Transaction ID : SB17.10010

☐ Memo Item**B. RIGHTSIDE COMPLIANCE**

Mailing Address PO BOX 341027

City
AUSTINState
TXZip Code
78734Purpose of Disbursement
COMPLIANCE CONSULTING

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
0	6		1	1		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

690.00

Transaction ID : SB17.10012

☐ Memo Item**C. VISA**

Mailing Address PO BOX 6818

City
CAROL STREAMState
ILZip Code
60197Purpose of Disbursement
CREDIT CARD PAYMENT

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
0	6		1	1		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

4313.06

Transaction ID : SB17.10011

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5063.06

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Armstrong for Congress

Full Name (Last, First, Middle Initial)

A. AMAZON

Mailing Address 410 TERRY AVE N

City
SEATTLEState
WAZip Code
98109Purpose of Disbursement
OFFICE SUPPLIES

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
0	6		1	1		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

111.94

Transaction ID : SB17.2008

☒ Memo Item**B. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BLVD

City
FT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL

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
0	6		1	1		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

1445.98

Transaction ID : SB17.2006

☒ Memo Item**C. CAPITOL HILL CLUB**

Mailing Address 300 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
FOOD/BEVERAGE

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
0	6		1	1		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

104.03

Transaction ID : SB17.2009

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Armstrong for Congress

Full Name (Last, First, Middle Initial)

A. DELTA AIRLINES

Mailing Address PO BOX 40706

City
ATLANTAState
GAZip Code
30320Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

1721.11

Transaction ID : SB17.2007

☒ Memo Item**B. MAILCHIMP**

Mailing Address 405 N ANGIER AVE NE

City
ATLANTAState
GAZip Code
30308Purpose of Disbursement
WEB SVC/SUBSCRIPTION

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

450.00

Transaction ID : SB17.2005

☒ Memo Item**C. UPS**

Mailing Address 55 GLENLAKE PKWY NE

City
ATLANTAState
GAZip Code
30328Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

480.00

Transaction ID : SB17.2010

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Armstrong for Congress

Full Name (Last, First, Middle Initial)

A. TRUIST

Mailing Address 200 WEST SECOND ST

City
WINSTON-SALEMState
NCZip Code
27101Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

15.00

Transaction ID : SB17.10014

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. INTUIT

Mailing Address 2700 COAST AVE

City
MOUNTAIN VIEWState
CAZip Code
94043Purpose of Disbursement
SUBSCRIPTION

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
0	6		2	6		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

60.00

Transaction ID : SB17.10013

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

75.00

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

10461.46

SCHEDULE C (FEC Form 3)
LOANS

PAGE 15 OF 16

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.1

Armstrong for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2018

ARMSTRONG, KELLY, M, ,

☒ Primary LOAN FROM
General CANDIDATE
☐ Other (specify) ▼

Mailing Address

1515 BURNT BOAT DR. BOX 112

City

BISMARCK

State

ND

ZIP Code

58503

☒ Personal Funds of the Candidate

Original Amount of Loan

100000.00

Cumulative Payment To Date

50000.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 / 21 / 2018M M / D D / Y Y Y Y
ON DEMANDY Y Y Y Y Y Y Y
NONE

% (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

50000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 16 OF 16

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.6

Armstrong for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2018

☒ Primary LOAN FROM
General CANDIDATE
☐ Other (specify) ▼

ARMSTRONG, KELLY, M, ,

Mailing Address

1515 BURNT BOAT DR. BOX 112

City

BISMARCK

State

ND

ZIP Code

58503

☒ Personal Funds of the Candidate

Original Amount of Loan

200000.00

Cumulative Payment To Date

50000.00

Balance Outstanding at Close of This Period

150000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 20 2018

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

ON DEMAND

NONE % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

150000.00

TOTALS This Period (last page in this line only).....▶

200000.00

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