

**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

CARA MUND FOR CONGRESS

ADDRESS (number and street)

220 E ROSSER AVE

BOX 229

BISMARCK

ND

58501

☐ Check if different  
than previously  
reported. (ACC)

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00823815

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  
06 / 11 / 2024in the  
State of

ND

(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 / 01 / 2024

through

M M / D D / Y Y Y Y  
05 / 22 / 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 Mund, Cara, , ,

Signature of Treasurer

Mund, Cara, , ,

Date

M M / D D / Y Y Y Y  
05 / 30 / 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

CARA MUND FOR CONGRESS

Report Covering the Period: From: 04 / 01 / 2024 To: 05 / 22 / 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)) ....	17633.00	17633.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	17633.00	17633.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	3903.28	7392.11
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0.00	1550.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	3903.28	5842.11
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	30386.16	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov).

DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

CARA MUND FOR CONGRESS

Report Covering the Period:

From:

M

M

/

D

D

/

Y

Y

Y

Y

04

01

2024

To:

M

M

/

D

D

/

Y

Y

Y

Y

05

22

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).....	7800.00	7800.00
(ii) Unitemized .....	2833.00	2833.00
(iii) TOTAL of contributions from individuals .....	10633.00	10633.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) The Candidate .....	7000.00	7000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	17633.00	17633.00
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.) .....	0.00	1550.00
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).....	17633.00	19183.00

# **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.....	3903.28	7392.11
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	0.00
(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	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	3903.28	7392.11

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	16656.44
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	17633.00
25. SUBTOTAL (add Line 23 and Line 24).....	34289.44
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3903.28
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	30386.16

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

PAGE 5 OF 10

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

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)

**CARA MUND FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Anderson, Peter, , ,

**A.**

Mailing Address 1001 Crying Hill Dr.

City

Mandan

State

ND

Zip Code

58554

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11AI.6311

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Belohlavek, Dawn, , ,

**B.**

Mailing Address 1755 CR-81

City

Mandan

State

ND

Zip Code

58554

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MDU Resources Group, Inc.

Occupation

Director of Internal Audit

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11AI.6367

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Joersz, Fran, , ,

**C.**

Mailing Address 3305 102nd Ave SE

City

Bismarck

State

ND

Zip Code

58504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : SA11AI.6299

Amount of Each Receipt this Period

300.00

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

1800.00

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

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

PAGE 6 OF 10

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

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NAME OF COMMITTEE (In Full)

**CARA MUND FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Kautzmann, DeLora, , ,

**A.** Mailing Address 3134 Winnipeg DriveCity  
BismarckState  
NDZip Code  
58503FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bismarck Public SchoolsOccupation  
School Psychologist

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 22 2024

Transaction ID : SA11AI.6419

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Kercher, Christopher, , ,

**B.** Mailing Address 4220 Purchase StCity  
PurchaseState  
NYZip Code  
10577FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Quinn EmanuelOccupation  
Attorney

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 22 2024

Transaction ID : SA11AI.6381

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Olson, Virginia, , ,

**C.** Mailing Address 1709 25th Ave S  
Apt 230City  
FargoState  
NDZip Code  
58103FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 06 2024

Transaction ID : SA11AI.6303

Amount of Each Receipt this Period

250.00

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

4250.00

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

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

PAGE 7 OF 10

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

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NAME OF COMMITTEE (In Full)

**CARA MUND FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Pahlke, Linda, , ,

**A.**

Mailing Address 2206 Shoal Loop SE

City

Mandan

State

ND

Zip Code

58554

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11AI.6337

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Scott, Craig, , ,

**B.**

Mailing Address 716 N. Washington St

City

Bismarck

State

ND

Zip Code

58501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	2	4

Transaction ID : SA11AI.6364

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Witkowski, Les, , ,

**C.**

Mailing Address 319 Nova Dr

City

Bismarck

State

ND

Zip Code

58503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	2	4

Transaction ID : SA11AI.6310

Amount of Each Receipt this Period

1000.00

☐ Memo Item

1750.00

7800.00

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

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

PAGE 8 OF 10

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

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NAME OF COMMITTEE (In Full)

**CARA MUND FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mund, Cara, , ,

**A.**

Mailing Address 220 E Rosser Ave

#229

City

Bismarck

State

ND

Zip Code

58503

FEC ID number of contributing  
federal political committee.**C** H2ND01022

Name of Employer

Quinn Emanuel

Occupation

Attorney

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

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

Transaction ID : SA11D.6363

Amount of Each Receipt this Period

7000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

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

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

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

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

7000.00

7000.00



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

PAGE 9 OF 10

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CARA MUND FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. Amazon**

Mailing Address 440 Terry Ave N

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		23		2024

City  
SeattleState  
WAZip Code  
98109

FEC Identification Number

C

Purpose of Disbursement  
Yard Sign Stakes

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

203.30

Transaction ID : SB17.6392

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2024

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Bennett Creative Media**

Mailing Address 104 24th St SW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2024

City  
MinotState  
NDZip Code  
58701

FEC Identification Number

C

Purpose of Disbursement  
Video Production

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

725.00

Transaction ID : SB17.6388

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2024

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Bennett Creative Media**

Mailing Address 104 24th St SW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2024

City  
MinotState  
NDZip Code  
58701

FEC Identification Number

C

Purpose of Disbursement  
Media Production

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

725.00

Transaction ID : SB17.6383

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2024

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

1653.30

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

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

PAGE 10 OF 10

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CARA MUND FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. Dakota Printing and Embroidery LLC**Mailing Address 3138 N 10th St  
Suite 2City  
BismarckState  
NDZip Code  
58503Purpose of Disbursement  
Campaign T-Shirts

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

520.00

Transaction ID : SB17.6389

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Quinn Uhlman**

Mailing Address 1811 N 15th St

City  
BismarckState  
NDZip Code  
58501Purpose of Disbursement  
Media Production

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

125.00

Transaction ID : SB17.6343

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Vistaprint**

Mailing Address 275 Wyman Street

City  
WalthamState  
MAZip Code  
02451Purpose of Disbursement  
Yard Signs

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

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

1001.72

Transaction ID : SB17.6399

☐ Memo Item

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

1646.72

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

3300.02