

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. Thompson4ND

ADDRESS (number and street) 3120 25th St S Ste 349z Fargo ND 58103

2. FEC IDENTIFICATION NUMBER C C00939173 3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE ND DISTRICT 46

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)

(b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on ... in the State of

(c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on ... in the State of

5. Covering Period 02 / 11 / 2026 through 03 / 31 / 2026

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 Jones, Kristina, , , Signature of Treasurer Jones, Kristina, , , Date 04 / 01 / 2026

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

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Thompson4ND

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))....	<input type="text" value="3145.00"/>	<input type="text" value="3145.00"/>
(b) Total Contribution Refunds (from Line 20(d))	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	<input type="text" value="3145.00"/>	<input type="text" value="3145.00"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	<input type="text" value="1922.06"/>	<input type="text" value="1922.06"/>
(b) Total Offsets to Operating Expenditures (from Line 14).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	<input type="text" value="1922.06"/>	<input type="text" value="1922.06"/>
8. Cash on Hand at Close of Reporting Period (from Line 27).....	<input type="text" value="0.00"/>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

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

Thompson4ND

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).....	2271.00	2271.00
(ii) Unitemized.....	874.00	874.00
(iii) TOTAL of contributions from individuals ▶	3145.00	3145.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	3145.00	3145.00
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	0.00
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)..... ▶	3145.00	3145.00

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.....	1922.06	1922.06
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	1222.94	1222.94
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	3145.00	3145.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3145.00
25. SUBTOTAL (add Line 23 and Line 24).....	3145.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3145.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

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 5 OF 7	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 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)
Thompson4ND

A. Full Name (Last, First, Middle Initial) Kent, Conrad, , , Mailing Address 2525 Mulberry Terrace			Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 23 / 2026	
City	State	Zip Code	Transaction ID : SA11AI.4105	
Sarasota	FL	34239	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.			1000.00	
Name of Employer Self			Memo Item <input type="checkbox"/>	
Occupation Consultant				
Receipt For: 2026		Election Cycle-to-Date		
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	1000.00		
<input type="checkbox"/> Other (specify) ▼				

B. Full Name (Last, First, Middle Initial) Thompson, Cynthia, , , Mailing Address 3120 25th st S ste 349z			Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 11 / 2026	
City	State	Zip Code	Transaction ID : SA11AI.4100	
Fargo	ND	58103	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.			1221.00	
Name of Employer retired			Memo Item <input type="checkbox"/>	
Occupation retired			In-kind - T-shirts	
Receipt For: 2026		Election Cycle-to-Date		
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	1221.00		
<input type="checkbox"/> Other (specify) ▼				

C. Full Name (Last, First, Middle Initial) Thompson, Cynthia, , , Mailing Address 3120 25th st S ste 349z			Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 11 / 2026	
City	State	Zip Code	Transaction ID : SA11AI.4134	
Fargo	ND	58103	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.			50.00	
Name of Employer retired			Memo Item <input type="checkbox"/>	
Occupation retired				
Receipt For: 2026		Election Cycle-to-Date		
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	1271.00		
<input type="checkbox"/> Other (specify) ▼				

SUBTOTAL of Receipts This Page (optional).....▶	2271.00
TOTAL This Period (last page this line number only).....▶	2271.00

**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 6 OF 7	
	<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)
Thompson4ND

Full Name (Last, First, Middle Initial) A. Clover		Date of Disbursement MM / DD / YYYY 03 / 08 / 2026
Mailing Address 415 N Mathilda Ave		FEC Identification Number C
City Sunnyvale	State CA	Zip Code 94085
Purpose of Disbursement Donation App Fee		Amount of Each Disbursement this Period 260.00
Candidate Name		Transaction ID : SB17.4121
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. North Dakota Democratic - NPL		Date of Disbursement MM / DD / YYYY 03 / 27 / 2026
Mailing Address 1325 23rd St S Suite B		FEC Identification Number C
City Fargo	State ND	Zip Code 58103
Purpose of Disbursement State Convention Booth Fee		Amount of Each Disbursement this Period 300.00
Candidate Name		Transaction ID : SB17.4124
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Thompson, Cynthia, , ,		Date of Disbursement MM / DD / YYYY 02 / 11 / 2026
Mailing Address 3120 25th St S ste 349z		FEC Identification Number C
City Fargo	State ND	Zip Code 58103
Purpose of Disbursement In-kind - T-shirts		Amount of Each Disbursement this Period 1221.00
Candidate Name		Transaction ID : SB17.4102
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1781.00
TOTAL This Period (last page this line number only).....▶	1781.00

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 7 OF 7	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Thompson4ND

Full Name (Last, First, Middle Initial) A. Thompson, Vern, , ,			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2026	
Mailing Address 3125 25th St S			FEC Identification Number C H6ND46010	
City Fargo	State ND	Zip Code 58103	Amount of Each Disbursement this Period 1222.94	
Purpose of Disbursement Transfer funds to state canadiate for Ag Commisisoner			Transaction ID : SB21.4132	
Candidate Name Thompson, Vern, , ,			<input type="checkbox"/> Memo Item	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: ND District: 46				

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement			<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) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement			<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) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	1222.94
TOTAL This Period (last page this line number only).....▶	1222.94