

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines.   
Continental Resources, Inc. Political Action Committee

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER**  **CITY** **STATE** **ZIP CODE**  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day **POST-Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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 Diane Montgomery

Signature of Treasurer Diane Montgomery [Electronically Filed] Date  /  /

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**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Continental Resources, Inc. Political Action Committee**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="25500"/>	<input type="text" value="25500"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="35470.13"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="0"/>	<input type="text" value="46550"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="35470.13"/>	<input type="text" value="72050"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="15700"/>	<input type="text" value="52279.87"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="19770.13"/>	<input type="text" value="19770.13"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**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

Write or Type Committee Name

Continental Resources, Inc. Political Action Committee

Report Covering the Period: From: 08 / 01 / 2014 To: 08 / 31 / 2014

I. Receipts

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

11. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A).....	0	45600
(ii) Unitemized .....	0	950
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)..... ▶	0	46550
(b) Political Party Committees .....	0	0
(c) Other Political Committees		
(such as PACs).....	0	0
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5) .....	0	46550
12. Transfers From Affiliated/Other		
Party Committees.....	0	0
13. All Loans Received .....	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees.....	0	0
17. Other Federal Receipts		
(Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5) .....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))..... ▶	0	46550
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19) .....	0	46550

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures .....	0	0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0	0
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000	20400
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements .....	13700	31879.87
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	15700	52279.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15700	52279.87

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0	46550
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0	46550
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0	0
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0	0

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

**Continental Resources, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Texans For Senator John Cornyn Inc.**

Mailing Address PO Box 13026

City Austin State TX Zip Code 78711-3026

Purpose of Disbursement  
Contribution

011

Candidate Name

**John Cornyn**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District:

Date of Disbursement

MM / DD / YYYY  
08 / 06 / 2014

**Transaction ID : SB23-74-68-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. Inhofe Victory Committee 2014**

Mailing Address 901 N Washington Street  
Suite 700

City Alexandria State VA Zip Code 22314-1535

Purpose of Disbursement  
Contribution to JFC

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 11 / 2014

**Transaction ID : SB23-137-119-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

2000.00

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

2000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Continental Resources, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Al Carlson For House**

Mailing Address 2548 Rose Creek Parkway S

City Fargo State ND Zip Code 58104-6699

Purpose of Disbursement  
Non-Federal Contribution

012

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2014

Transaction ID : SB29-93-83-e

Amount of Each Disbursement this Period

500

Full Name (Last, First, Middle Initial)

**B. Bekkedahl For Senate**

Mailing Address 418 12th Avenue W

City Williston State ND Zip Code 58801-4730

Purpose of Disbursement  
Non-Federal Contribution

012

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2014

Transaction ID : SB29-111-96-e

Amount of Each Disbursement this Period

500

Full Name (Last, First, Middle Initial)

**C. Bowman For Senate**

Mailing Address 408 1st SW

City Bowman State ND Zip Code 58623

Purpose of Disbursement  
Non-Federal Contribution

012

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2014

Transaction ID : SB29-102-92-e

Amount of Each Disbursement this Period

250

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

1250.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Continental Resources, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Brabandt For House**

Mailing Address 1317 3rd Street SW

City State Zip Code  
Minot ND 58701-5802

Purpose of Disbursement  
Non-Federal Contribution

012

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2014

Transaction ID : SB29-77-70-e

Amount of Each Disbursement this Period

100

Full Name (Last, First, Middle Initial)

**B. Burckhard For Senate**

Mailing Address 1837 15th Street SW

City State Zip Code  
Minot ND 58701-6158

Purpose of Disbursement  
Non-Federal Contribution

012

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2014

Transaction ID : SB29-100-90-e

Amount of Each Disbursement this Period

100

Full Name (Last, First, Middle Initial)

**C. Campbell For Senate**

Mailing Address 15135 County Road 11

City State Zip Code  
Grafton ND 58237-8802

Purpose of Disbursement  
Non-Federal Contribution

012

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2014

Transaction ID : SB29-101-91-e

Amount of Each Disbursement this Period

100

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

300.00

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Continental Resources, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Casper For Senate**

Mailing Address 6273 35th Street S

City Fargo State ND Zip Code 58104-6797

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**012**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29-110-95-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Chet Pollert For House**

Mailing Address 151 Crossroads Estates Drive

City Carrington State ND Zip Code 58421-8919

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**012**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29-91-81-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Devlin For House**

Mailing Address PO Box 505

City Finley State ND Zip Code 58230-0505

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**012**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29-94-84-e**

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Continental Resources, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends of Brian Kalk**

Mailing Address PO Box 55

City Bismarck State ND Zip Code 58502-0055

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2014

**Transaction ID : SB29-118-103-e**

Amount of Each Disbursement this Period

1000

012  
Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Friends of Fedorchak**

Mailing Address PO Box 2422

City Bismarck State ND Zip Code 58502-2422

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2014

**Transaction ID : SB29-117-102-e**

Amount of Each Disbursement this Period

1000

012  
Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Friends of Karen Rohr**

Mailing Address 1704 4th Street NE

City Mandan State ND Zip Code 58554-3814

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2014

**Transaction ID : SB29-115-100-e**

Amount of Each Disbursement this Period

100

012  
Category/  
Type

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

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

2100.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Continental Resources, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends of Ryan Rauschenberger**

Mailing Address PO Box 1913

City Bismarck State ND Zip Code 58502-1913

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

012  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2014

**Transaction ID : SB29-116-101-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. Hatlestad 4 House**

Mailing Address PO Box 1342

City Williston State ND Zip Code 58802-1342

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

012  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2014

**Transaction ID : SB29-88-78-e**

Amount of Each Disbursement this Period

250

Full Name (Last, First, Middle Initial)

**C. Headland For House**

Mailing Address 4950 92nd Avenue SE

City Montpelier State ND Zip Code 58472-9630

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

012  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2014

**Transaction ID : SB29-89-79-e**

Amount of Each Disbursement this Period

250

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

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

1500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Continental Resources, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Heckaman For Senate**

Mailing Address 322 2nd Avenue N

City New Rockford State ND Zip Code 58356-1712

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**012**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29-106-93-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Karen Karls For House**

Mailing Address 2112 Senate Drive

City Bismarck State ND Zip Code 58501-1978

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**012**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29-92-82-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Laffen 4 Senate**

Mailing Address 3549 15th Avenue S

City Grand Forks State ND Zip Code 58201-3706

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**012**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29-107-94-e**

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Continental Resources, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Larsen For Senate**

Mailing Address 11051 20th Avenue SE

City State Zip Code  
Minot ND 58701-2658

Purpose of Disbursement  
Non-Federal Contribution

012

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2014

Transaction ID : SB29-98-88-e

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. Lefor For ND House**

Mailing Address 1952 3rd Street W

City State Zip Code  
Dickinson ND 58601-2452

Purpose of Disbursement  
Non-Federal Contribution

012

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2014

Transaction ID : SB29-84-75-e

Amount of Each Disbursement this Period

250

Full Name (Last, First, Middle Initial)

**C. Louser For House**

Mailing Address 1718 Birch Place SW

City State Zip Code  
Minot ND 58701-7097

Purpose of Disbursement  
Non-Federal Contribution

012

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2014

Transaction ID : SB29-85-76-e

Amount of Each Disbursement this Period

250

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

1500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Continental Resources, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Maragos For House**

Mailing Address 125 6th Avenue NE

City State Zip Code  
Minot ND 58703-2558

Purpose of Disbursement  
Non-Federal Contribution

012

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		04		2014

**Transaction ID : SB29-76-69-e**

Amount of Each Disbursement this Period

250
-----

Full Name (Last, First, Middle Initial)

**B. Martinson For House**

Mailing Address 2749 Pacific Avenue

City State Zip Code  
Bismarck ND 58501-2513

Purpose of Disbursement  
Non-Federal Contribution

012

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		04		2014

**Transaction ID : SB29-96-86-e**

Amount of Each Disbursement this Period

500
-----

Full Name (Last, First, Middle Initial)

**C. Re-Elect Koppelman**

Mailing Address 513 1st Avenue NW  
Suite 1

City State Zip Code  
West Fargo ND 58078-1101

Purpose of Disbursement  
Non-Federal Contribution

012

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		04		2014

**Transaction ID : SB29-119-104-e**

Amount of Each Disbursement this Period

250
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Continental Resources, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Rich Wardner For Senate</b>		Date of Disbursement MM / DD / YYYY 08 / 04 / 2014
Mailing Address 1042 12th Avenue W		<b>Transaction ID : SB29-112-97-e</b>
City Dickinson	State ND	
Purpose of Disbursement Non-Federal Contribution		Amount of Each Disbursement this Period
Candidate Name		500
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>B. Schaible For Senate</b>		Date of Disbursement MM / DD / YYYY 08 / 04 / 2014
Mailing Address 9115 Highway 21		<b>Transaction ID : SB29-99-89-e</b>
City Mott	State ND	
Purpose of Disbursement Non-Federal Contribution		Amount of Each Disbursement this Period
Candidate Name		100
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>C. Schmidt For House</b>		Date of Disbursement MM / DD / YYYY 08 / 04 / 2014
Mailing Address 5165 Highway 1806		<b>Transaction ID : SB29-90-80-e</b>
City Huff	State ND	
Purpose of Disbursement Non-Federal Contribution		Amount of Each Disbursement this Period
Candidate Name		100
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Continental Resources, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Sitte For Senate**

Mailing Address 808 W Avenue C

City Bismarck State ND Zip Code 58501-2400

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**012**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29-114-99-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Sorvaag For Senate**

Mailing Address 3402 Birdie Street N

City Fargo State ND Zip Code 58102-1201

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**012**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29-113-98-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Steiner For House**

Mailing Address 859 Senior Avenue

City Dickinson State ND Zip Code 58601-3755

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**012**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29-87-77-e**

Amount of Each Disbursement this Period

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

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Continental Resources, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Streyle For House**

Mailing Address 3108 15th Street SE

City State Zip Code  
Minot ND 58701-6005

Purpose of Disbursement  
Non-Federal Contribution

012

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2014

Transaction ID : SB29-97-87-e

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. Sukut For House**

Mailing Address 1603 4th Avenue E

City State Zip Code  
Williston ND 58801-4324

Purpose of Disbursement  
Non-Federal Contribution

012

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2014

Transaction ID : SB29-78-71-e

Amount of Each Disbursement this Period

250

Full Name (Last, First, Middle Initial)

**C. Vigesaa For House**

Mailing Address PO Box 763

City State Zip Code  
Cooperstown ND 58425-0763

Purpose of Disbursement  
Non-Federal Contribution

012

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2014

Transaction ID : SB29-95-85-e

Amount of Each Disbursement this Period

500

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

1750.00

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

13700.00