**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. North Dakota Republican Party 1029 N. 5th Street ADDRESS (number and street) (Check if address is changed) **Bismarck** 58501 ND CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address hillerudstephen@gmail.com is changed) Optional Second E-Mail Address compliance@rightsidecompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.ndgop.org (Check if address is changed) DATE 2024 C00018929 FEC IDENTIFICATION NUMBER 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Hillerud, Stephen, , Mr, Hillerud, Stephen, , Mr, Date 01 25 2024 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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. 7	YPE OF COMMITTEE:	
(	Candidate Committee:	
(	a) This committee is a principal campaign committee. (Complete the candidate information below.)	
(	b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)	<b>;</b>
	Name of Candidate [''', ''', ''', ''', ''', ''', ''', ''	
	Candidate Party Affiliation Office Sought: House Senate President	<u> -</u>
(	District  This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
,	Party Committee:  d) This committee is a STA (National, State or subordinate) committee of the REP (Democratic, Republican, etc.) Party	,
F	Political Action Committee (PAC):	
	e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organizat	ion is a:
	Corporation Corporation w/o Capital Stock Labor Organization	
	Membership Organization Trade Association Cooperative	
	In addition, this committee is a Lobbyist/Registrant PAC.	
(	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or p committee. (i.e., nonconnected committee)	arty
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(	g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
(	h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
_	loint Fundraising Representative:	
(	This committee collects contributions have fundraising expenses and disburses net proceeds for two or more poli	tical
(	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more poli committees/organizations, none of which is an authorized committee of a federal candidate.	tical
	Committees Participating in Joint Fundraiser	
	1C	

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٧	/rite or Type Committee Name			
	North Dakota Re	publican Party		
6.	-	ganization, Affiliated Committee, Joint Fundrais	ing Representative, or Lo	eadership PAC Sponsor
	Trump Victory			
	Mailing Address	c/o Redcurve Solutions		
		138 Conant St, 2nd Floor		
		Beverly	MA C	01915
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint F	Fundraising Representative	Leadership PAC Spons
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and	position of the person in po	ossession of committee
	Hillerud, Sto	ephen, , Mr,		
	Full Name	PO Box 1917		
	Maining / Nations			
		Bismarck	, , ND , , 5	58502
	Title or Desition -	CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼  Treasurer		hone number 701	_ 340 5581
8.	Treasurer: List the name and any designated agent (e.g., a	l address (phone number optional) of the treasu ssistant treasurer).	erer of the committee; and	the name and address of
	Full Name Hillerud, Ste	ephen, , Mr,		
	Mailing Address	PO Box 1917		
		Bismarck	ND 5	58502
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Treasurer	Telep	hone number 701	340 5581

Full Name of Designated Agent  Mailing Address  CITY ▲ STATE ▲ ZIP CODE ▲  Title or Position ▼  Telephone number  Telep		FEC Form 1	(Revised 02/2009)	Page <b>4</b>
CITY ▲ STATE ▲ ZIP CODE ▲  Title or Position ▼  Telephone number		Designated		
Title or Position   Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.  BNC National Bank  Bismarck  CITY   STATE   ZIP CODE   Name of Bank, Depository, etc.  Bremer Bank  Mailing Address  PO Box 1000  MN		Mailing Address		
Title or Position   Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.  BNC National Bank  Bismarck  CITY   STATE   ZIP CODE   Name of Bank, Depository, etc.  Bremer Bank  Mailing Address  PO Box 1000  MN				
Title or Position   Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.  BNC National Bank  Bismarck  CITY   STATE   ZIP CODE   Name of Bank, Depository, etc.  Bremer Bank  Mailing Address  PO Box 1000  MN				
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.  BNC National Bank  Mailing Address  PO Box 2316  CITY A STATE A ZIP CODE A  Name of Bank, Depository, etc.  Bremer Bank  Mailing Address  PO Box 1000  Lake Elmo  MN 155042				ZIP CODE ▲
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.  BNC National Bank  Mailing Address  PO Box 2316  CITY A STATE A ZIP CODE A  Name of Bank, Depository, etc.  Bremer Bank  Mailing Address  PO Box 1000  Lake Elmo  MN [55042]		Title or Position		
Name of Bank, Depository, etc.  BNC National Bank  Mailing Address  PO Box 2316  CITY ▲ STATE ▲ ZIP CODE ▲  Name of Bank, Depository, etc.  Bremer Bank  Mailing Address  PO Box 1000  Lake Elmo  MN 55042			Telephone number	
BNC National Bank    PO Box 2316	•	Banks or Other safety deposit box	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, hold ses or maintains funds.	s accounts, rents
Mailing Address  PO Box 2316  Bismarck  CITY ▲  STATE ▲  ZIP CODE ▲  Name of Bank, Depository, etc.  Bremer Bank  Mailing Address  PO Box 1000  Lake Elmo  MN  55042		Name of Bank, D	epository, etc.	
Bismarck  CITY ▲  STATE ▲  ZIP CODE ▲  Name of Bank, Depository, etc.  Bremer Bank  Mailing Address  PO Box 1000  Lake Elmo  MN 55042		Mailing Address		
CITY ▲ STATE ▲ ZIP CODE ▲  Name of Bank, Depository, etc.  Bremer Bank  Mailing Address  PO Box 1000  Lake Elmo  MN 555042		g		
Name of Bank, Depository, etc.  Bremer Bank  Mailing Address  PO Box 1000  Lake Elmo  MN 55042			Bismarck ND 58502	-
Mailing Address  PO Box 1000  Lake Elmo  MN 55042			CITY ▲ STATE ▲	ZIP CODE ▲
Mailing Address  PO Box 1000  Lake Elmo  MN   55042		Name of Bank, D	epository, etc.	
Lake Elmo  MN 55042			Bremer Bank	
		Mailing Address	PO Box 1000	
CITY ▲ STATE ▲ ZIP CODE ▲			Lake Elmo	
			CITY ▲ STATE ▲	ZIP CODE ▲

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## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). <b>Joint Fundraisi</b>	3		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected NRSC TARGETED	I Organization, Affiliated Committee, Joint Fur STATE VICTORY	ndraising Representative	e, or Leadership PAC Spons
Mailing Address	228 S WASHINGTON ST		
	STE 115		
	ALEXANDRIA	, , , , , VA ,	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X Joffy by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Spo
		oint Fundraising Represent	Leadership PAC Spo
Designated Agent: Identi		oint Fundraising Represent	Leadership PAC Spo
Designated Agent: Identi		oint Fundraising Represent	Leadership PAC Spo
Designated Agent: Identi		oint Fundraising Represent	Leadership PAC Spo
Designated Agent: Identi	fy by name, address (phone number – optional)	oint Fundraising Represent	Leadership PAC Spo
Designated Agent: Identi  Full Name    Mailing Address	fy by name, address (phone number – optional)		
Pesignated Agent: Identic Full Name Mailing Address  TITLE OR POSITION Mailing Address  Banks or Other Deposition fafety deposit boxes or mailing and	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposite Safety deposit boxes or make the sa	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which an intains funds.  Bridge Bank	STATE A Telephone Number	ZIP CODE A

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## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1		1		
2.			FEC ID number	C
			FEC ID number	С
3.			FEC ID number	C
4.			FEC ID number	C
Name of Any Connected	Organization, Affiliated Com	mittee, Joint Fundrais	ing Representative	e, or Leadership PAC Spons
Mailing Address				
			STATE A	ZIP CODE A
Relationshin:	CITY	/ 🛦		ZIF CODE <b>A</b>
	CITY d Organization	ommittee Joint Fu	ndraising Representa	
Connecte  Designated Agent: Identif	d Organization Affiliated Co	ommittee Joint Fu		
Connecte  Designated Agent: Identif	d Organization Affiliated Co	ommittee Joint Fu		
Connecte  Pesignated Agent: Identif	d Organization Affiliated Co	ommittee Joint Fu		
Connecte  Pesignated Agent: Identif	d Organization Affiliated Co	Imber – optional)	ndraising Representa	Leadership PAC Sport
Connecte  Designated Agent: Identif	d Organization Affiliated Co	Imber – optional)		