

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL Hammer for ND					
ADDRESS (number and street) 115 5th Ave SW #58					
CITY Minot		STATE ND		ZIP CODE 58702	
2. NAME OF CANDIDATE Hammer, Trygve, , ,			3. OFFICE SOUGHT (State and District) House ND 00		4. FEC IDENTIFICATION NUMBER C00935494
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____					
A. FULL NAME North Dakota Democratic-NPL Party - District 24		Name of Employer		Date (month, day, year)	Amount
MAILING ADDRESS PO Box 111		Transaction ID : F65-2463		05/21/2026	2000.00
CITY Valley City	STATE ND	ZIP CODE 58072	Occupation		
B. FULL NAME		Name of Employer		Date (month, day, year)	Amount
MAILING ADDRESS					
CITY	STATE	ZIP CODE	Occupation		
C. FULL NAME		Name of Employer		Date (month, day, year)	Amount
MAILING ADDRESS					
CITY	STATE	ZIP CODE	Occupation		
D. FULL NAME		Name of Employer		Date (month, day, year)	Amount
MAILING ADDRESS					
CITY	STATE	ZIP CODE	Occupation		
E. FULL NAME		Name of Employer		Date (month, day, year)	Amount
MAILING ADDRESS					
CITY	STATE	ZIP CODE	Occupation		
SIGNATURE (optional) Hammer, Kelli, , ,				DATE 05/22/2026	For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

FEC FORM 6
(Revised 03/2016)

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F6N

Transaction ID :

The contribution received was from an unregistered organization. The Committee has confirmed that the contribution was made with permissible funds pursuant to the act.

Form/Schedule:

Transaction ID: