

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

North Dakota Republican Party

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="2018"/>	<input type="text" value="5394.15"/>	<input type="text" value="5394.15"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="60839.89"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="115410.97"/>	<input type="text" value="615540.30"/>
(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="176250.86"/>	<input type="text" value="620934.45"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="88724.88"/>	<input type="text" value="533408.47"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="87525.98"/>	<input type="text" value="87525.98"/>
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="2515.70"/>	

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

North Dakota Republican Party

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

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).....	53420.00	162066.27
(ii) Unitemized	7004.00	148510.31
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	60424.00	310576.58
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	10000.00	15000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	70424.00	325576.58
12. Transfers From Affiliated/Other Party Committees.....	44100.00	237083.94
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	536.97	1197.82
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	350.00	3500.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	48181.96
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	48181.96
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	115410.97	615540.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	115410.97	567358.34

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	3469.90	21042.32
(ii) Non-Federal Share.....	13053.36	79158.99
(b) Other Federal Operating Expenditures	39296.36	184254.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	55819.62	284455.42
22. Transfers to Affiliated/Other Party Committees.....	0.00	75.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	10000.00
24. Independent Expenditures (use Schedule E)	1220.00	72535.55
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	609.50
(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 28(a), (b), and (c)).....	0.00	609.50
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	31685.26	165733.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	31685.26	165733.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	88724.88	533408.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	75671.52	454249.48

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	70424.00	325576.58
34. Total Contribution Refunds (from Line 28(d))	0.00	609.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	70424.00	324967.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	42766.26	205296.43
37. Offsets to Operating Expenditures (from Line 15, page 3).....	536.97	1197.82
38. Net Operating Expenditures (subtract Line 37 from Line 36)	42229.29	204098.61

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)
North Dakota Republican Party

A. ARTHAUD, JIM, R., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 197

City MEDORA	State ND	Zip Code 58645-0197
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) MISSOURI BASIN WELL SERVICE INC		Occupation (for Individual) OIL INDUSTRY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
08 / 17 / 2018
Transaction ID : SA11A.592

Amount of Each Receipt this Period
10000.00

Memo Item
CONTRIBUTION

B. BAVENDICK, JOANNE, C., MRS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1234 W HIGHLAND ACRES RD

City BISMARCK	State ND	Zip Code 58501-1259
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00

Date of Receipt
08 / 01 / 2018
Transaction ID : SA11A.1166

Amount of Each Receipt this Period
350.00

Memo Item
CONTRIBUTION

C. BERGAN, RON, O., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 311 11TH AVE S APT #301

City FARGO	State ND	Zip Code 58103-2856
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) FARGO ASSEMBLY COMPANY		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
08 / 13 / 2018
Transaction ID : SA11A.1344

Amount of Each Receipt this Period
9500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	19850.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

A. BOEHLER, SANDY, , MRS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1721 E ROSE CREEK PKWY S
 City FARGO State ND Zip Code 58104-6834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ASB INC. Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 08 / 01 / 2018
Transaction ID : SA11A.1171
 Amount of Each Receipt this Period 4000.00
 Memo Item
 CONTRIBUTION

B. BRADSHAW, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6497 16TH ST. SE
 City GRAND FORKS State ND Zip Code 58201-8349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STRATA CORPORATION Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 30 / 2018
Transaction ID : SA11A.879
 Amount of Each Receipt this Period 5000.00
 Memo Item
 CONTRIBUTION

C. BRANTNER, JERRY, O., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 MADISON SQUARE DR. S
 City FARGO State ND Zip Code 58104-6372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 01 / 2018
Transaction ID : SA11A.1196
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	9250.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 85
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

A. BRINSTER, LESLIE, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12849 49TH ST SW
 City BELFIELD State ND Zip Code 58622-9216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) FARMING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 08 / 01 / 2018
Transaction ID : SA11A.1165
 Amount of Each Receipt this Period 105.00
 Memo Item CONTRIBUTION

B. CONLEY, COLE, H., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 724 3RD AVE. SW
 City JAMESTOWN State ND Zip Code 58401-4614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) FARMING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 236.50

Date of Receipt 08 / 16 / 2018
Transaction ID : SA11A.1291
 Amount of Each Receipt this Period 200.00
 Memo Item CONTRIBUTION

C. DARDIS, LOUISE, M., MRS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 123 50TH AVE E
 City WEST FARGO State ND Zip Code 58078-8247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 08 / 13 / 2018
Transaction ID : SA11A.1347
 Amount of Each Receipt this Period 165.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	470.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

A. GRANDINETTI, JOHN, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 366 SHORE RD
 City STATEN ISLAND State NY Zip Code 10307-1551
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 14 / 2018
Transaction ID : SA11A.860
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

B. HALVERSON, GREGG, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4320 18TH AVE. S.
 City GRAND FORKS State ND Zip Code 58201-3735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BLACK GOLD Occupation (for Individual) FARMING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2536.50

Date of Receipt 08 / 06 / 2018
Transaction ID : SA11A.1407
 Amount of Each Receipt this Period 2500.00
 Memo Item CONTRIBUTION

C. HANSON, CARMA, , MRS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2508 OLSON DR.
 City GRAND FORKS State ND Zip Code 58201-7555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ALTRU HEALTH SYSTEM Occupation (for Individual) NURSE MANAGER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 08 / 02 / 2018
Transaction ID : SA11A.46883
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	2575.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 10 OF 85
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

A. HARMS, ROBERT, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 895
 City BISMARCK State ND Zip Code 58502-0895
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NORTHERN ALLIANCE OF INDEPENDENT PRODU Occupation (for Individual) CONSULTANT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 13 / 2018
Transaction ID : SA11A.1354
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

B. HAWKINS, STEPHEN, , DR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5529 DIAMOND HEIGHTS BLVD
 City SAN FRANCISCO State CA Zip Code 94131-2642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 510.00

Date of Receipt 08 / 08 / 2018
Transaction ID : SA11A.1055
 Amount of Each Receipt this Period 230.00
 Memo Item CONTRIBUTION

C. HAWKINS, STEPHEN, , DR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5529 DIAMOND HEIGHTS BLVD
 City SAN FRANCISCO State CA Zip Code 94131-2642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 510.00

Date of Receipt 08 / 06 / 2018
Transaction ID : SA11A.1413
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 380.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

A. JEROME, PAMELA, J., MRS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 514 12TH AVE NE
 City DEVILS LAKE State ND Zip Code 58301-2714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **HOMEMAKER** Occupation (for Individual) **HOMEMAKER**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **08 / 29 / 2018**
Transaction ID : SA11A.910
 Amount of Each Receipt this Period 125.00
 Memo Item
CONTRIBUTION

B. JONES, NORMAN, M., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 526 24TH AVE S
 City FARGO State ND Zip Code 58103-5718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **RETIRED** Occupation (for Individual) **RETIRED**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt **08 / 02 / 2018**
Transaction ID : SA11A.814
 Amount of Each Receipt this Period 200.00
 Memo Item
CONTRIBUTION

C. JORGENSON, ALICE, , MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 308 5TH ST W
 City PARK RIVER State ND Zip Code 58270-4321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **RETIRED** Occupation (for Individual) **RETIRED**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt **08 / 13 / 2018**
Transaction ID : SA11A.1362
 Amount of Each Receipt this Period 115.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	440.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

A. KERIAN, JAMES, D., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 46 W 16TH ST
 City GRAFTON State ND Zip Code 58237-2011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KERIAN MACHINES Occupation (for Individual) ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5036.50

Date of Receipt 08 / 13 / 2018
Transaction ID : SA11A.1343
 Amount of Each Receipt this Period 5000.00
 Memo Item
 CONTRIBUTION

B. KNUDSEN, H. DAVID, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3207 46TH AVE SE
 City MANDAN State ND Zip Code 58554-4729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5500.00

Date of Receipt 08 / 27 / 2018
Transaction ID : SA11A.968
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

C. LANDRU, KAREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1556 98TH ST. NE
 City BOTTINEAU State ND Zip Code 58318-6137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) RANCHING
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 08 / 02 / 2018
Transaction ID : SA11A.818
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	5550.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

A. MARX, RICHARD, C., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 440

City WAPPINGERS FALLS	State NY	Zip Code 12590-0440
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
----------------------------------------------	----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		07		2018

Transaction ID : SA11A.727

Amount of Each Receipt this Period
105.00

Memo Item CONTRIBUTION

B. MCCARTHY, LAURA, , MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 400 14TH AVE NE APT 19

City DEVILS LAKE	State ND	Zip Code 58301-2820
---------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
----------------------------------------------	----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		06		2018

Transaction ID : SA11A.1410

Amount of Each Receipt this Period
125.00

Memo Item CONTRIBUTION

C. OLSON, RUTH, M., MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3350 MAPLEWOOD CT S

City FARGO	State ND	Zip Code 58104-6224
---------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) ACCOUNTANT
----------------------------------------------------	-------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		13		2018

Transaction ID : SA11A.1346

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	330.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 85
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

A. PELTIER, KEITH, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 361 EDGEWATER DR.

City WEST FARGO	State ND	Zip Code 58078-4248
--------------------	-------------	------------------------

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

Name of Employer (for Individual) PROSEED	Occupation (for Individual) PRESIDENT
----------------------------------------------	------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2018

Transaction ID : SA11A.859

Amount of Each Receipt this Period
9000.00

Memo Item
CONTRIBUTION

B. PERKINS, ROBERT, C., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 510 19TH AVE S

City FARGO	State ND	Zip Code 58103-4947
---------------	-------------	------------------------

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

Name of Employer (for Individual) COLE PAPERS	Occupation (for Individual) MANAGEMENT
--------------------------------------------------	-------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2018

Transaction ID : SA11A.823

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. SOISETH, CHARLES, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 221 CARRIGAN ST.

City FORT YATES	State ND	Zip Code 58538
--------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
----------------------------------------------	----------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2018

Transaction ID : SA11A.1193

Amount of Each Receipt this Period
150.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	9400.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

A. STEFFES, PAUL, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1434B EMPIRE RD

City DICKINSON	State ND	Zip Code 58601-3617
-------------------	-------------	------------------------

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

Name of Employer (for Individual) STEFFES CORP.	Occupation (for Individual) CEO
----------------------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2536.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2018

Transaction ID : SA11A.880

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

B. STRINDEN, JON, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2657 MEADOW CREEK CIR S

City FARGO	State ND	Zip Code 58104-7112
---------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
----------------------------------------------	----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2018

Transaction ID : SA11A.822

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

C. THOMPSON, MYRON, D., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1935 66TH ST NW

City MINOT	State ND	Zip Code 58703-8894
---------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
----------------------------------------------	----------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2018

Transaction ID : SA11A.1412

Amount of Each Receipt this Period
125.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	4625.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 16 OF 85
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

A. UTTER, RAY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3061 SAND HILL RD.
 City BISMARCK State ND Zip Code 58503-6437
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 311.50

Date of Receipt 08 / 13 / 2018
Transaction ID : SA11A.1348
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

B. WISDOM, DAVID, L., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3290 42ND ST
 City MANDAN State ND Zip Code 58554-8327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) REALTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 27 / 2018
Transaction ID : SA11A.970
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	550.00
TOTAL This Period (last page this line number only).....▶	53420.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 85
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

A. BUILDING EFFECTIVE RESPONSIBLE GOVERNMENT PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1325 23RD ST S

City FARGO	State ND	Zip Code 58103
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00505693

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2018

Transaction ID : SA11C.1170

Amount of Each Receipt this Period
10000.00

Memo Item
CONTRIBUTION

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	10000.00
TOTAL This Period (last page this line number only).....	10000.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 85
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

A. NRSC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 425 2ND ST NE

City WASHINGTON	State DC	Zip Code 20002-4914
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00027466

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
85600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2018

Transaction ID : SA12.1227

Amount of Each Receipt this Period
4200.00

Memo Item
TRANSFER

B. NRSC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 425 2ND ST NE

City WASHINGTON	State DC	Zip Code 20002-4914
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00027466

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
85600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : SA12.892

Amount of Each Receipt this Period
12000.00

Memo Item
TRANSFER

C. REPUBLICAN NATIONAL COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 301 1ST ST SE

City WASHINGTON	State DC	Zip Code 20003
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00003418

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
137300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2018

Transaction ID : SA12.1179

Amount of Each Receipt this Period
22300.00

Memo Item
TRANSFER

SUBTOTAL of Receipts This Page (optional).....	38500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 85
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

A. REPUBLICAN NATIONAL COMMITTEE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 301 1ST ST SE
City WASHINGTON State DC Zip Code 20003
FEC ID number of contributing federal political committee. **C** C00003418
Name of Employer (for Individual) Occupation (for Individual)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 137300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 03 / 2018
Transaction ID : SA12.1331
Amount of Each Receipt this Period
5600.00
 Memo Item
TRANSFER

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) Occupation (for Individual)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period
 Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) Occupation (for Individual)
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5600.00
TOTAL This Period (last page this line number only).....	44100.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 85
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

A. KONICA MINOLTA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 660831

City DALLAS	State TX	Zip Code 75266
----------------	-------------	-------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
536.97

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		01		2018

Transaction ID : SA15.239

Amount of Each Receipt this Period
536.97

Memo Item
VENDOR REFUND OVERPAYMENT

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-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).....	536.97
TOTAL This Period (last page this line number only).....	536.97

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 85
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

A. DAKOTA PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 3206

City BISMARCK	State ND	Zip Code 58502
------------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
928.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		08		2018

Transaction ID : SA17.125

Amount of Each Receipt this Period
116.00

Memo Item
RENT

B. HOEVEN FOR SENATE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 861

City BISMARCK	State ND	Zip Code 58502
------------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1872.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		08		2018

Transaction ID : SA17.213

Amount of Each Receipt this Period
234.00

Memo Item
RENT

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-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).....	350.00
TOTAL This Period (last page this line number only).....	350.00

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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NAME OF COMMITTEE (In Full)

North Dakota Republican Party

Full Name (Last, First, Middle Initial)

A. BUCKINGHAM, STEVE, , ,

Mailing Address 2915 BLUESTEM DR
APT # 1188

City
WEST FARGO

State
ND

Zip Code
58078

Purpose of Disbursement
BUCKINGHAM REIMBURSEMENT: SEE MEMO ENTRIES

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 / 20 / 2018

FEC Identification Number

C
Transaction ID : SB21B.11779
Amount of Each Disbursement this Period
 529.49

Memo Item

Full Name (Last, First, Middle Initial)

B. BEST BUY

Mailing Address 6 38TH ST S

City
FARGO

State
ND

Zip Code
58103

Purpose of Disbursement
BUCKINGHAM REIMBURSEMENT: OFFICE EQUIPMENT

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 / 20 / 2018

FEC Identification Number

C
Transaction ID : SB21B.11779
Amount of Each Disbursement this Period
 322.49

Memo Item

Full Name (Last, First, Middle Initial)

C. PERKINS RESTAURANT & BAKERY

Mailing Address 1220 36TH ST S

City
FARGO

State
ND

Zip Code
58103

Purpose of Disbursement
BUCKINGHAM REIMBURSEMENT: MEETING EXPENSE: MEALS

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 / 20 / 2018

FEC Identification Number

C
Transaction ID : SB21B.11779
Amount of Each Disbursement this Period
 35.64

Memo Item

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

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

529.49

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

Full Name (Last, First, Middle Initial)

A. SPICY PIE

Mailing Address PO BOX 879

City
MINOT

State
ND

Zip Code
58702

Purpose of Disbursement
BUCKINGHAM REIMBURSEMENT: MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11779

Amount of Each Disbursement this Period

[REDACTED] 76.76

Memo Item

Full Name (Last, First, Middle Initial)

B. WURST PUB

Mailing Address 630 1ST AVE N
SUITE 1

City
FARGO

State
ND

Zip Code
58103

Purpose of Disbursement
BUCKINGHAM REIMBURSEMENT: MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11779

Amount of Each Disbursement this Period

[REDACTED] 94.60

Memo Item

Full Name (Last, First, Middle Initial)

C. KOBUS, HEATHER, , ,

Mailing Address 595 BAYSHORE DR

City
ELLENTON

State
FL

Zip Code
34222

Purpose of Disbursement
KOBUS REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11671

Amount of Each Disbursement this Period

[REDACTED] 111.22

Memo Item

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

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

[REDACTED] 111.22

[REDACTED]

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

Full Name (Last, First, Middle Initial) A. HOLIDAY STATIONSTORE		Date of Disbursement MM / DD / YYYY 08 / 03 / 2018	
Mailing Address 101 N UNIVERSITY DR		FEC Identification Number C [] Transaction ID : SB21B.11671 Amount of Each Disbursement this Period [] 26.79	
City FARGO	State ND	Zip Code 58102	Category/ Type []
Purpose of Disbursement KOBUS REIMBURSEMENT: TRAVEL: FUEL		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: []	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. NORTHBROOK		Date of Disbursement MM / DD / YYYY 08 / 03 / 2018	
Mailing Address 1905 N WASHINGTON ST		FEC Identification Number C [] Transaction ID : SB21B.11671 Amount of Each Disbursement this Period [] 24.70	
City BISMARCK	State ND	Zip Code 58501	Category/ Type []
Purpose of Disbursement KOBUS REIMBURSEMENT: MEETING EXPENSE: MEALS		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: []	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. PIZZA HUT		Date of Disbursement MM / DD / YYYY 08 / 03 / 2018	
Mailing Address 1029 N 5TH ST		FEC Identification Number C [] Transaction ID : SB21B.11671 Amount of Each Disbursement this Period [] 16.09	
City BISMARCK	State ND	Zip Code 58501	Category/ Type []
Purpose of Disbursement KOBUS REIMBURSEMENT: MEETING EXPENSE: MEALS		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: []	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 0.00
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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

Full Name (Last, First, Middle Initial)

A. SHELL

Mailing Address 2210 N 12TH ST

City BISMARCK State ND Zip Code 58501

Purpose of Disbursement
KOBUS REIMBURSEMENT: TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 03 / 2018

FEC Identification Number

C
Transaction ID : SB21B.11671
Amount of Each Disbursement this Period
20.39

Memo Item

Full Name (Last, First, Middle Initial)

B. STICKIES GARAGE

Mailing Address 3130 14TH ST NORTH

City BISMARCK State ND Zip Code 58503

Purpose of Disbursement
KOBUS REIMBURSEMENT: MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 03 / 2018

FEC Identification Number

C
Transaction ID : SB21B.11671
Amount of Each Disbursement this Period
27.95

Memo Item

Full Name (Last, First, Middle Initial)

C. NUNNENKAMP, PHILIPPE, G ,

Mailing Address 7785 SOLITUDE CT

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
NUNNENKAMP REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 20 / 2018

FEC Identification Number

C
Transaction ID : SB21B.11765
Amount of Each Disbursement this Period
452.93

Memo Item

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

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

452.93

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

Full Name (Last, First, Middle Initial)

A. BEST WESTERN PLUS

Mailing Address 4201 4TH AVE W

City WILLISTON State ND Zip Code 58801

Purpose of Disbursement
NUNNENKAMP REIMBURSEMENT: TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2018

FEC Identification Number

C
Transaction ID : SB21B.11765
Amount of Each Disbursement this Period
139.85

Memo Item

Full Name (Last, First, Middle Initial)

B. NOBLE INN

Mailing Address 1009 20TH AVE SE

City MINOT State ND Zip Code 58701

Purpose of Disbursement
NUNNENKAMP REIMBURSEMENT: TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2018

FEC Identification Number

C
Transaction ID : SB21B.11765
Amount of Each Disbursement this Period
131.50

Memo Item

Full Name (Last, First, Middle Initial)

C. NORTH DAKOTA STATE FAIR

Mailing Address 2005 E BURDICK EXPY

City MINOT State ND Zip Code 58701

Purpose of Disbursement
NUNNENKAMP REIMBURSEMENT: GENERAL ADMISSION

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2018

FEC Identification Number

C
Transaction ID : SB21B.11765
Amount of Each Disbursement this Period
10.00

Memo Item

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

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

0.00

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

Full Name (Last, First, Middle Initial)

A. OUTLAWS BAR & GRILL

Mailing Address 1319 9TH AVE NW

City WILLISTON State ND Zip Code 58801

Purpose of Disbursement
NUNNENKAMP REIMBURSEMENT: MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2018

FEC Identification Number

C
Transaction ID : SB21B.11765
Amount of Each Disbursement this Period
96.67

Memo Item

Full Name (Last, First, Middle Initial)

B. PINNACLE

Mailing Address 8149 HWY 2

City STANLEY State ND Zip Code 58784

Purpose of Disbursement
NUNNENKAMP REIMBURSEMENT: TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2018

FEC Identification Number

C
Transaction ID : SB21B.11765
Amount of Each Disbursement this Period
39.84

Memo Item

Full Name (Last, First, Middle Initial)

C. SIMONSON STATION STORES

Mailing Address 317 E VILLARD

City DICKINSON State ND Zip Code 58601

Purpose of Disbursement
NUNNENKAMP REIMBURSEMENT: TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2018

FEC Identification Number

C
Transaction ID : SB21B.11765
Amount of Each Disbursement this Period
35.07

Memo Item

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

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

0.00

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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NAME OF COMMITTEE (In Full)

North Dakota Republican Party

Full Name (Last, First, Middle Initial)

A. NUNNENKAMP, PHILIPPE, G, ,

Mailing Address 7785 SOLITUDE CT

City
MCLEAN

State
VA

Zip Code
22102

Purpose of Disbursement
NUNNENKAMP REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	8

FEC Identification Number

C

Transaction ID : SB21B.11789

Amount of Each Disbursement this Period

339.21

Memo Item

Full Name (Last, First, Middle Initial)

B. RAMBOUGH, JANEAN, M, ,

Mailing Address 2103 ASSUMPTION DRIVE

City
BISMARCK

State
ND

Zip Code
58501

Purpose of Disbursement
RAMBOUGH REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	8

FEC Identification Number

C

Transaction ID : SB21B.11678

Amount of Each Disbursement this Period

681.99

Memo Item

Full Name (Last, First, Middle Initial)

C. RAMBOUGH, JANEAN, M, ,

Mailing Address 2103 ASSUMPTION DRIVE

City
BISMARCK

State
ND

Zip Code
58501

Purpose of Disbursement
RAMBOUGH REIMBURSEMENT: MEAL PER DIEM 7/19-7/29

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	8

FEC Identification Number

C

Transaction ID : SB21B.11678

Amount of Each Disbursement this Period

561.00

Memo Item

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

1021.20

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

A. RAMBOUGH, JANEAN, M, ,

Full Name (Last, First, Middle Initial)

Mailing Address 2103 ASSUMPTION DRIVE

City BISMARCK State ND Zip Code 58501

Purpose of Disbursement
RAMBOUGH REIMBURSEMENT: TRAVEL: MILEAGE

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 03 / 2018

FEC Identification Number: C

Transaction ID : SB21B.11678

Amount of Each Disbursement this Period: 120.99

Memo Item

B. SPENCER, TYLER, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 108 KILLDEER RD

City WEBSTER State MA Zip Code 01570

Purpose of Disbursement
SPENCER REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 03 / 2018

FEC Identification Number: C

Transaction ID : SB21B.11687

Amount of Each Disbursement this Period: 146.60

Memo Item

C. HOLIDAY STATIONSTORE

Full Name (Last, First, Middle Initial)

Mailing Address 3450 32ND AVE

City GRAND FORKS State ND Zip Code 58201

Purpose of Disbursement
SPENCER REIMBURSEMENT: TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 03 / 2018

FEC Identification Number: C

Transaction ID : SB21B.11687

Amount of Each Disbursement this Period: 24.85

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 146.60

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

Full Name (Last, First, Middle Initial)
A. HOLIDAY STATIONSTORE

Mailing Address 3450 32ND AVE

City GRAND FORKS State ND Zip Code 58201

Purpose of Disbursement
SPENCER REIMBURSEMENT: TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
08 / 03 / 2018

FEC Identification Number
C

Transaction ID : **SB21B.11687**

Amount of Each Disbursement this Period
35.71

Memo Item

Full Name (Last, First, Middle Initial)
B. MY PLACE HOTEL

Mailing Address 2555 55TH STREET SOUTH

City FARGO State ND Zip Code 58104

Purpose of Disbursement
SPENCER REIMBURSEMENT: TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
08 / 03 / 2018

FEC Identification Number
C

Transaction ID : **SB21B.11687**

Amount of Each Disbursement this Period
86.04

Memo Item

Full Name (Last, First, Middle Initial)
C. ANEDOT

Mailing Address PO BOX 84314

City BATON ROUGE State LA Zip Code 70884

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
08 / 01 / 2018

FEC Identification Number
C

Transaction ID : **SB21B.11711**

Amount of Each Disbursement this Period
0.65

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	0.65
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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address PO BOX 84314

City **BATON ROUGE** State **LA** Zip Code **70884**

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.11712
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address PO BOX 84314

City **BATON ROUGE** State **LA** Zip Code **70884**

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.11713
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address PO BOX 84314

City **BATON ROUGE** State **LA** Zip Code **70884**

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.11714
Amount of Each Disbursement this Period

Memo Item

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address PO BOX 84314

City: BATON ROUGE State: LA Zip Code: 70884

Purpose of Disbursement: MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement
MM / DD / YYYY
08 / 06 / 2018

FEC Identification Number

C
Transaction ID : SB21B.11715
Amount of Each Disbursement this Period
27.11

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address PO BOX 84314

City: BATON ROUGE State: LA Zip Code: 70884

Purpose of Disbursement: MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement
MM / DD / YYYY
08 / 13 / 2018

FEC Identification Number

C
Transaction ID : SB21B.11716
Amount of Each Disbursement this Period
4.70

Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address PO BOX 84314

City: BATON ROUGE State: LA Zip Code: 70884

Purpose of Disbursement: MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement
MM / DD / YYYY
08 / 15 / 2018

FEC Identification Number

C
Transaction ID : SB21B.11717
Amount of Each Disbursement this Period
1.95

Memo Item

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

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

33.76

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address PO BOX 84314

City **BATON ROUGE** State **LA** Zip Code **70884**

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 16 / 2018

FEC Identification Number

C
Transaction ID : SB21B.11718
Amount of Each Disbursement this Period
354.40

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address PO BOX 84314

City **BATON ROUGE** State **LA** Zip Code **70884**

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 20 / 2018

FEC Identification Number

C
Transaction ID : SB21B.11719
Amount of Each Disbursement this Period
0.65

Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address PO BOX 84314

City **BATON ROUGE** State **LA** Zip Code **70884**

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 23 / 2018

FEC Identification Number

C
Transaction ID : SB21B.11721
Amount of Each Disbursement this Period
0.65

Memo Item

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

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

355.70

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

Full Name (Last, First, Middle Initial)
A. ANEDOT

Date of Disbursement: MM / DD / YYYY
08 / 22 / 2018

Mailing Address PO BOX 84314

City: BATON ROUGE State: LA Zip Code: 70884

Purpose of Disbursement: MERCHANT FEES

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

FEC Identification Number: **C** _____
Transaction ID : **SB21B.11721**
Amount of Each Disbursement this Period: 4.00

Memo Item

Full Name (Last, First, Middle Initial)
B. ANEDOT

Date of Disbursement: MM / DD / YYYY
08 / 30 / 2018

Mailing Address PO BOX 84314

City: BATON ROUGE State: LA Zip Code: 70884

Purpose of Disbursement: MERCHANT FEES

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

FEC Identification Number: **C** _____
Transaction ID : **SB21B.11722**
Amount of Each Disbursement this Period: 0.65

Memo Item

Full Name (Last, First, Middle Initial)
C. CITY OF BISMARCK-WATER DEPARTMENT

Date of Disbursement: MM / DD / YYYY
08 / 03 / 2018

Mailing Address PO BOX 5503

City: BISMARCK State: ND Zip Code: 58506

Purpose of Disbursement: UTILITIES

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

FEC Identification Number: **C** _____
Transaction ID : **SB21B.11666**
Amount of Each Disbursement this Period: 54.03

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 58.68

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

Full Name (Last, First, Middle Initial)

A. CLOCKWORK SYSTEMS

Mailing Address 6001 GLOSTER RD

City BETHESDA State MD Zip Code 20816

Purpose of Disbursement
DATA MANAGEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2018

FEC Identification Number

C
Transaction ID : SB21B.11698
Amount of Each Disbursement this Period
450.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DFI AS LLC

Mailing Address 210 BROADWAY N
STE 300

City FARGO State ND Zip Code 58102

Purpose of Disbursement
FACILITY RENTAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2018

FEC Identification Number

C
Transaction ID : SB21B.11708
Amount of Each Disbursement this Period
2800.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DFI AS LLC

Mailing Address 210 BROADWAY N
STE 300

City FARGO State ND Zip Code 58102

Purpose of Disbursement
FACILITY RENTAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 27 / 2018

FEC Identification Number

C
Transaction ID : SB21B.11764
Amount of Each Disbursement this Period
2800.00

Memo Item

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

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

6050.00

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

Full Name (Last, First, Middle Initial)

A. IMAGE PRINTING

Mailing Address PO BOX 696

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement
PRINTING & DESIGN SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
08 / 20 / 2018

FEC Identification Number

C

Transaction ID : SB21B.11699
Amount of Each Disbursement this Period

804.90

Memo Item

Full Name (Last, First, Middle Initial)

B. KATAHDIN STRATEGIES

Mailing Address 5 DICKENS ROAD

City LINCOLNVILLE State ME Zip Code 04849

Purpose of Disbursement
GENERAL CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
08 / 09 / 2018

FEC Identification Number

C

Transaction ID : SB21B.11699
Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KATAHDIN STRATEGIES

Mailing Address 5 DICKENS ROAD

City LINCOLNVILLE State ME Zip Code 04849

Purpose of Disbursement
GENERAL CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
08 / 15 / 2018

FEC Identification Number

C

Transaction ID : SB21B.11699
Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

5804.90

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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NAME OF COMMITTEE (In Full)

North Dakota Republican Party

Full Name (Last, First, Middle Initial)

A. KATAHDIN STRATEGIES

Mailing Address 5 DICKENS ROAD

City
LINCOLNVILLE

State
ME

Zip Code
04849

Purpose of Disbursement
GENERAL CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11696

Amount of Each Disbursement this Period

[REDACTED] 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LP CONSULTING

Mailing Address 700 9TH ST S

City
FARGO

State
ND

Zip Code
58103

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11710

Amount of Each Disbursement this Period

[REDACTED] 7833.33

Memo Item

Full Name (Last, First, Middle Initial)

C. MAX PROPERTIES, LLC

Mailing Address 118 BELMONT RD

City
GRAND FORKS

State
ND

Zip Code
58103

Purpose of Disbursement
FACILITY RENTAL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11707

Amount of Each Disbursement this Period

[REDACTED] 1200.00

Memo Item

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

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

[REDACTED] 11533.33

[REDACTED]

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

Full Name (Last, First, Middle Initial)
A. MAX PROPERTIES, LLC

Date of Disbursement: MM / DD / YYYY
08 / 27 / 2018

Mailing Address 118 BELMONT RD

City GRAND FORKS State ND Zip Code 58103

Purpose of Disbursement FACILITY RENTAL

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number: C
Transaction ID : SB21B.11763
Amount of Each Disbursement this Period: 1200.00

Memo Item

Full Name (Last, First, Middle Initial)
B. MIDCONTINENT COMMUNICATIONS

Date of Disbursement: MM / DD / YYYY
08 / 20 / 2018

Mailing Address PO BOX 5010

City SIOUX FALLS State SD Zip Code 57117

Purpose of Disbursement BROADBAND SERVICES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number: C
Transaction ID : SB21B.11703
Amount of Each Disbursement this Period: 510.00

Memo Item

Full Name (Last, First, Middle Initial)
C. SOUTHWEST PUBLISHING & MAILING

Date of Disbursement: MM / DD / YYYY
08 / 20 / 2018

Mailing Address 2600 NW TOPEKA BLVD

City TOPEKA State KS Zip Code 66617

Purpose of Disbursement PRINTING & DESIGN SERVICES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number: C
Transaction ID : SB21B.11704
Amount of Each Disbursement this Period: 4065.04

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5775.04

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

A. STARION FINANCIAL

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 777

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement BANK FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 01 / 2018

FEC Identification Number: C

Transaction ID : SB21B.11725

Amount of Each Disbursement this Period: 20.00

Memo Item

B. STARION FINANCIAL

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 777

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement BANK FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 03 / 2018

FEC Identification Number: C

Transaction ID : SB21B.11726

Amount of Each Disbursement this Period: 20.00

Memo Item

C. STARION FINANCIAL

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 777

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement BANK FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 20 / 2018

FEC Identification Number: C

Transaction ID : SB21B.11727

Amount of Each Disbursement this Period: 20.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 60.00

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

Full Name (Last, First, Middle Initial) A. STARION FINANCIAL		Date of Disbursement MM / DD / YYYY 08 / 31 / 2018
Mailing Address PO BOX 777		FEC Identification Number C [REDACTED] Transaction ID : SB21B.11728 Amount of Each Disbursement this Period [REDACTED] 49.95
City BISMARCK	State ND	Zip Code 58502
Purpose of Disbursement BANK FEES		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. STARION FINANCIAL		Date of Disbursement MM / DD / YYYY 08 / 10 / 2018
Mailing Address PO BOX 777		FEC Identification Number C [REDACTED] Transaction ID : SB21B.12136 Amount of Each Disbursement this Period [REDACTED] 20.00
City BISMARCK	State ND	Zip Code 58502
Purpose of Disbursement BANK FEES		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. STEVE BROWN DIRECT MAIL INC		Date of Disbursement MM / DD / YYYY 08 / 20 / 2018
Mailing Address 3741 SOUTHERNWOOD WAY		FEC Identification Number C [REDACTED] Transaction ID : SB21B.11705 Amount of Each Disbursement this Period [REDACTED] 640.92
City SAN DIEGO	State CA	Zip Code 92106
Purpose of Disbursement DIRECT MAIL PRINTING & POSTAGE		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 710.87
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

Full Name (Last, First, Middle Initial)

A. STRIPE PAYMENT SYSTEM

Mailing Address 185 BERRY STREET
STE 550

City SAN FRANCISCO State CA Zip Code 94102

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2018

FEC Identification Number

C
Transaction ID : SB21B.11723
Amount of Each Disbursement this Period
0.59

Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE PAYMENT SYSTEM

Mailing Address 185 BERRY STREET
STE 550

City SAN FRANCISCO State CA Zip Code 94102

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2018

FEC Identification Number

C
Transaction ID : SB21B.11724
Amount of Each Disbursement this Period
2.80

Memo Item

Full Name (Last, First, Middle Initial)

C. VISA CARDMEMBER SERVICE

Mailing Address PO BOX 790408

City ST LOUIS State MO Zip Code 63149

Purpose of Disbursement
VISA CARDMEMBER SERVICE PAYMENT: SEE MEMO ENRIES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2018

FEC Identification Number

C
Transaction ID : SB21B.1179c
Amount of Each Disbursement this Period
888.75

Memo Item

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

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

892.14

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

Full Name (Last, First, Middle Initial)

A. CASH WISE

Mailing Address 1401 S 33RD ST

City FARGO State ND Zip Code 58103

Purpose of Disbursement
VISA CARDMEMBER SERVICE PAYMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2018

FEC Identification Number

C
Transaction ID : SB21B.11790
Amount of Each Disbursement this Period
33.00

Memo Item

Full Name (Last, First, Middle Initial)

B. EXPEDIA

Mailing Address 333 108TH AVE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement
VISA CARDMEMBER SERVICE PAYMENT: TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2018

FEC Identification Number

C
Transaction ID : SB21B.11790
Amount of Each Disbursement this Period
295.05

Memo Item

Full Name (Last, First, Middle Initial)

C. EXXON MOBIL

Mailing Address 1384 INTERCHANGE AVE

City BISMARCK State ND Zip Code 58501

Purpose of Disbursement
VISA CARDMEMBER SERVICE PAYMENT: TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2018

FEC Identification Number

C
Transaction ID : SB21B.11790
Amount of Each Disbursement this Period
45.65

Memo Item

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

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

0.00

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

Full Name (Last, First, Middle Initial)
A. HOLIDAY STATIONSTORE

Mailing Address 2755 BRANDT DR S

City FARGO State ND Zip Code 58104

Purpose of Disbursement
VISA CARDMEMBER SERVICE PAYMENT: TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 20 / 2018

FEC Identification Number: C

Transaction ID : SB21B.11790

Amount of Each Disbursement this Period: 42.92

Memo Item

Full Name (Last, First, Middle Initial)
B. HOLIDAY STATIONSTORE

Mailing Address 2755 BRANDT DR S

City FARGO State ND Zip Code 58104

Purpose of Disbursement
VISA CARDMEMBER SERVICE PAYMENT: TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 20 / 2018

FEC Identification Number: C

Transaction ID : SB21B.11790

Amount of Each Disbursement this Period: 52.16

Memo Item

Full Name (Last, First, Middle Initial)
C. RADISSON INN

Mailing Address 800 S THIRD ST

City BISMARCK State ND Zip Code 58501

Purpose of Disbursement
VISA CARDMEMBER SERVICE PAYMENT: TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 20 / 2018

FEC Identification Number: C

Transaction ID : SB21B.11790

Amount of Each Disbursement this Period: 164.65

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

Full Name (Last, First, Middle Initial)

A. RADISSON INN

Mailing Address 800 S THIRD ST

City BISMARCK State ND Zip Code 58501

Purpose of Disbursement
VISA CARDMEMBER SERVICE PAYMENT: TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2018

FEC Identification Number

C
Transaction ID : SB21B.11790
Amount of Each Disbursement this Period
164.65

Memo Item

Full Name (Last, First, Middle Initial)

B. SAM'S CLUB

Mailing Address 2821 ROCK ISLAND PLACE

City BISMARCK State ND Zip Code 58504

Purpose of Disbursement
VISA CARDMEMBER SERVICE PAYMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2018

FEC Identification Number

C
Transaction ID : SB21B.11790
Amount of Each Disbursement this Period
56.93

Memo Item

Full Name (Last, First, Middle Initial)

C. SUBWAY

Mailing Address 115 BROADWAY

City FARGO State ND Zip Code 58102

Purpose of Disbursement
VISA CARDMEMBER SERVICE PAYMENT: MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2018

FEC Identification Number

C
Transaction ID : SB21B.11790
Amount of Each Disbursement this Period
23.59

Memo Item

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

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

0.00

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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NAME OF COMMITTEE (In Full)

North Dakota Republican Party

Full Name (Last, First, Middle Initial)

A. VISA CARDMEMBER SERVICE

Mailing Address PO BOX 790408

City
ST LOUIS

State
MO

Zip Code
63149

Purpose of Disbursement
VISA CARDMEMBER SERVICE PAYMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	1	8

FEC Identification Number

C []
Transaction ID : SB21B.11805
 Amount of Each Disbursement this Period
 [] 5434.53

Memo Item

Full Name (Last, First, Middle Initial)

B. CANAD INN-GRAND FORKS

Mailing Address 1000 S 42ND STREET

City
GRAND FORKS

State
ND

Zip Code
58201

Purpose of Disbursement
VISA CARDMEMBER SERVICE PAYMENT: CREDIT: TRAVEL: LODGING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	1	8

FEC Identification Number

C []
Transaction ID : SB21B.11805
 Amount of Each Disbursement this Period
 [] - 457.61

Memo Item

Full Name (Last, First, Middle Initial)

C. CAPITOL HILL HOTEL

Mailing Address 200 C ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
VISA CARDMEMBER SERVICE PAYMENT: TRAVEL: LODGING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	1	8

FEC Identification Number

C []
Transaction ID : SB21B.11805
 Amount of Each Disbursement this Period
 [] 1100.89

Memo Item

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

[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
									5434.53

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

A. CASS COUNTY REPORTER

Full Name (Last, First, Middle Initial)

Mailing Address 122 6TH AVE N

City CASSELTON State ND Zip Code 58012

Purpose of Disbursement VISA CARDMEMBER SERVICE PAYMENT: SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2018

FEC Identification Number

C
Transaction ID : SB21B.11805
 Amount of Each Disbursement this Period
 20.00

Memo Item

B. CAVALIER CHRONICLE

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 20

City CAVALIER State ND Zip Code 58220

Purpose of Disbursement VISA CARDMEMBER SERVICE PAYMENT: SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2018

FEC Identification Number

C
Transaction ID : SB21B.11805
 Amount of Each Disbursement this Period
 13.00

Memo Item

C. CLARION HOTEL

Full Name (Last, First, Middle Initial)

Mailing Address 2200 E BURDICK EXPY

City MINOT State ND Zip Code 58701

Purpose of Disbursement VISA CARDMEMBER SERVICE PAYMENT: TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2018

FEC Identification Number

C
Transaction ID : SB21B.11805
 Amount of Each Disbursement this Period
 1504.23

Memo Item

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

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

0.00

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

Full Name (Last, First, Middle Initial)

A. CLARION HOTEL

Mailing Address 2200 E BURDICK EXPY

City
MINOT

State
ND

Zip Code
58701

Purpose of Disbursement
VISA CARDMEMBER SERVICE PAYMENT: TRAVEL: LODGING

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:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		20		2018

FEC Identification Number

C

Transaction ID : SB21B.11805

Amount of Each Disbursement this Period

799.91

Memo Item

Full Name (Last, First, Middle Initial)

B. DELTA AIR

Mailing Address 1030 DELTA BLVD

City
ATLANTA

State
GA

Zip Code
30320

Purpose of Disbursement
VISA CARDMEMBER SERVICE PAYMENT: TRAVEL: AIR

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:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		20		2018

FEC Identification Number

C

Transaction ID : SB21B.11805

Amount of Each Disbursement this Period

711.40

Memo Item

Full Name (Last, First, Middle Initial)

C. DELTA AIR

Mailing Address 1030 DELTA BLVD

City
ATLANTA

State
GA

Zip Code
30320

Purpose of Disbursement
VISA CARDMEMBER SERVICE PAYMENT: TRAVEL: AIR

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:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		20		2018

FEC Identification Number

C

Transaction ID : SB21B.11805

Amount of Each Disbursement this Period

711.40

Memo Item

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

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

0.00

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

Full Name (Last, First, Middle Initial)

A. EVENTBRITE

Mailing Address 155 5TH ST #7

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
VISA CARDMEMBER SERVICE PAYMENT: MERCHANT FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2018

FEC Identification Number

C
Transaction ID : SB21B.11805
Amount of Each Disbursement this Period
158.61

Memo Item

Full Name (Last, First, Middle Initial)

B. GOOGLE.COM

Mailing Address 1600 AMPHITHEATRE PARKWAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
VISA CARDMEMBER SERVICE PAYMENT: ONLINE SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2018

FEC Identification Number

C
Transaction ID : SB21B.11805
Amount of Each Disbursement this Period
110.25

Memo Item

Full Name (Last, First, Middle Initial)

C. HOLIDAY STATIONSTORE

Mailing Address 2755 BRANDT DR S

City FARGO State ND Zip Code 58104

Purpose of Disbursement
VISA CARDMEMBER SERVICE PAYMENT: TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2018

FEC Identification Number

C
Transaction ID : SB21B.11805
Amount of Each Disbursement this Period
30.43

Memo Item

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

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

0.00

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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NAME OF COMMITTEE (In Full)

North Dakota Republican Party

Full Name (Last, First, Middle Initial)

A. HOLIDAY STATIONSTORE

Mailing Address 2755 BRANDT DR S

City
FARGO

State
ND

Zip Code
58104

Purpose of Disbursement
VISA CARDMEMBER SERVICE PAYMENT: TRAVEL: FUEL

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	1	8

FEC Identification Number

C []

Transaction ID : SB21B.11805

Amount of Each Disbursement this Period

[] 41.48 []

Memo Item

Full Name (Last, First, Middle Initial)

B. KIRKWOOD ACE HARDWARE

Mailing Address 4321 OTTAWA ST

City
BISMARCK

State
ND

Zip Code
58503

Purpose of Disbursement
VISA CARDMEMBER SERVICE PAYMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	1	8

FEC Identification Number

C []

Transaction ID : SB21B.11805

Amount of Each Disbursement this Period

[] 26.61 []

Memo Item

Full Name (Last, First, Middle Initial)

C. KUM & GO

Mailing Address 816 2626 BURDICK EXPRESSWAY

City
MINOT

State
ND

Zip Code
58701

Purpose of Disbursement
VISA CARDMEMBER SERVICE PAYMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	1	8

FEC Identification Number

C []

Transaction ID : SB21B.11805

Amount of Each Disbursement this Period

[] 70.95 []

Memo Item

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

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

[] 0.00 []

[] [] [] [] [] [] [] [] [] []

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

Full Name (Last, First, Middle Initial)
A. MCKENZIE CO. FARMER

Mailing Address 109 MAIN STREET N

City WATFORD CITY State ND Zip Code 58854

Purpose of Disbursement
VISA CARDMEMBER SERVICE PAYMENT: SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement
MM / DD / YYYY
08 / 20 / 2018

FEC Identification Number
C
Transaction ID : SB21B.11805
Amount of Each Disbursement this Period
58.00

Memo Item

Full Name (Last, First, Middle Initial)
B. MSP AIRPORT

Mailing Address 4300 GLUMACK DRIVE

City ST PAUL State MN Zip Code 55111

Purpose of Disbursement
VISA CARDMEMBER SERVICE PAYMENT: TRAVEL: PARKING

Candidate Name

Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement
MM / DD / YYYY
08 / 20 / 2018

FEC Identification Number
C
Transaction ID : SB21B.11805
Amount of Each Disbursement this Period
84.00

Memo Item

Full Name (Last, First, Middle Initial)
C. NEW ENGLAND NEWSPAPER & PRESS ASSOCIATION

Mailing Address 1 ARROW DRIVE
SUITE 6

City WOBURN State MA Zip Code 01801

Purpose of Disbursement
VISA CARDMEMBER SERVICE PAYMENT: SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement
MM / DD / YYYY
08 / 20 / 2018

FEC Identification Number
C
Transaction ID : SB21B.11805
Amount of Each Disbursement this Period
13.00

Memo Item

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

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

0.00

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

A. RANSOM COUNTY GAZETTE

Full Name (Last, First, Middle Initial)

Mailing Address 410 MAIN ST

City LISBON State ND Zip Code 58054

Purpose of Disbursement
VISA CARDMEMBER SERVICE PAYMENT: SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 20 / 2018

FEC Identification Number: C

Transaction ID : SB21B.11805

Amount of Each Disbursement this Period: 30.00

Memo Item

B. RENVILLE COUNTY FARMER

Full Name (Last, First, Middle Initial)

Mailing Address 110 MAIN ST E

City MOHALL State ND Zip Code 58761

Purpose of Disbursement
VISA CARDMEMBER SERVICE PAYMENT: SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 20 / 2018

FEC Identification Number: C

Transaction ID : SB21B.11805

Amount of Each Disbursement this Period: 39.00

Memo Item

C. SAM'S CLUB

Full Name (Last, First, Middle Initial)

Mailing Address 2821 ROCK ISLAND PLACE

City BISMARCK State ND Zip Code 58504

Purpose of Disbursement
VISA CARDMEMBER SERVICE PAYMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 20 / 2018

FEC Identification Number: C

Transaction ID : SB21B.11805

Amount of Each Disbursement this Period: 93.40

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

A. SARGENT COUNTY TELLER

Full Name (Last, First, Middle Initial)

Mailing Address 427 MAIN ST

City MILNOR State ND Zip Code 58060

Purpose of Disbursement
VISA CARDMEMBER SERVICE PAYMENT: SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2018

FEC Identification Number

C
Transaction ID : SB21B.11805
Amount of Each Disbursement this Period
36.00

Memo Item

B. TARGET

Full Name (Last, First, Middle Initial)

Mailing Address 4202 13TH AVE SW

City FARGO State ND Zip Code 58103

Purpose of Disbursement
VISA CARDMEMBER SERVICE PAYMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2018

FEC Identification Number

C
Transaction ID : SB21B.11805
Amount of Each Disbursement this Period
10.52

Memo Item

C. THE ADAMS COUNTY PASS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 749

City HETTINGER State ND Zip Code 58639

Purpose of Disbursement
VISA CARDMEMBER SERVICE PAYMENT: SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2018

FEC Identification Number

C
Transaction ID : SB21B.11805
Amount of Each Disbursement this Period
13.00

Memo Item

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

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

0.00

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

A. THE DUNN COUNTY HERALD

Full Name (Last, First, Middle Initial)

Mailing Address 26 CENTRAL AVE N.

City KILLDEER State ND Zip Code 58640

Purpose of Disbursement
VISA CARDMEMBER SERVICE PAYMENT: SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
08 / 20 / 2018

FEC Identification Number
C
Transaction ID : SB21B.11805
Amount of Each Disbursement this Period
13.00

Memo Item

B. WAL MART

Full Name (Last, First, Middle Initial)

Mailing Address 2717 ROCK ISLAND PL

City BISMARCK State ND Zip Code 58504

Purpose of Disbursement
VISA CARDMEMBER SERVICE PAYMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
08 / 20 / 2018

FEC Identification Number
C
Transaction ID : SB21B.11805
Amount of Each Disbursement this Period
115.25

Memo Item

C. WALMART

Full Name (Last, First, Middle Initial)

Mailing Address 3900 S BROADWAY

City MINOT State ND Zip Code 58701

Purpose of Disbursement
VISA CARDMEMBER SERVICE PAYMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
08 / 20 / 2018

FEC Identification Number
C
Transaction ID : SB21B.11805
Amount of Each Disbursement this Period
17.81

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

Full Name (Last, First, Middle Initial)

A. YELLOW CAB CO OF DC

Mailing Address 1636 BLADENSBURG RD NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
VISA CARDMEMBER SERVICE PAYMENT: TRAVEL: GORUND
TRANSPORTATION
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2018

FEC Identification Number

C

Transaction ID : SB21B.11805

Amount of Each Disbursement this Period

70.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

0.00

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

39099.91

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North Dakota Republican Party

Full Name (Last, First, Middle Initial)

A. EINARSON, LANDEN, , ,

Mailing Address 907 KITTSON AVE.

City
GRAFTON

State
ND

Zip Code
58237

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	8

FEC Identification Number

C [Redacted]
Transaction ID : SB30B.11729
Amount of Each Disbursement this Period
[Redacted] 1041.57

Memo Item

Full Name (Last, First, Middle Initial)

B. EINARSON, LANDEN, , ,

Mailing Address 907 KITTSON AVE.

City
GRAFTON

State
ND

Zip Code
58237

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	1	8

FEC Identification Number

C [Redacted]
Transaction ID : SB30B.11751
Amount of Each Disbursement this Period
[Redacted] 1041.56

Memo Item

Full Name (Last, First, Middle Initial)

C. KOBUS, HEATHER, , ,

Mailing Address 595 BAYSHORE DR

City
ELLENTON

State
FL

Zip Code
34222

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	8

FEC Identification Number

C [Redacted]
Transaction ID : SB30B.11731
Amount of Each Disbursement this Period
[Redacted] 1536.75

Memo Item

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

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

[Redacted]	3619.88
------------	---------

[Redacted]	
------------	--

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

A. KOBUS, HEATHER, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 595 BAYSHORE DR

City ELLENTON State FL Zip Code 34222

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 14 / 2018

FEC Identification Number: C

Transaction ID : SB30B.11752

Amount of Each Disbursement this Period: 1536.76

Memo Item

B. LEE, NATHAN, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1029 N 5TH ST

City BISMARCK State ND Zip Code 58501

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 31 / 2018

FEC Identification Number: C

Transaction ID : SB30B.11733

Amount of Each Disbursement this Period: 424.17

Memo Item

C. LUCERO, TERIN, , MR.,

Full Name (Last, First, Middle Initial)

Mailing Address 1144 COLLEGE ST. N.

City FARGO State ND Zip Code 58102

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 31 / 2018

FEC Identification Number: C

Transaction ID : SB30B.11733

Amount of Each Disbursement this Period: 523.62

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2484.55

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

Full Name (Last, First, Middle Initial) A. LUCERO, TERIN, , MR.,		Date of Disbursement MM / DD / YYYY 08 / 14 / 2018	
Mailing Address 1144 COLLEGE ST. N.		FEC Identification Number C [] Transaction ID : SB30B.11753 Amount of Each Disbursement this Period [] 523.63	
City FARGO	State ND	Zip Code 58102	Category/ Type []
Purpose of Disbursement PAYROLL		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. MANZ, HANNAH, , ,		Date of Disbursement MM / DD / YYYY 08 / 31 / 2018	
Mailing Address 1029 N 5TH ST		FEC Identification Number C [] Transaction ID : SB30B.11736 Amount of Each Disbursement this Period [] 85.24	
City BISMARCK	State ND	Zip Code 58501	Category/ Type []
Purpose of Disbursement PAYROLL		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. MANZ, HANNAH, , ,		Date of Disbursement MM / DD / YYYY 08 / 14 / 2018	
Mailing Address 1029 N 5TH ST		FEC Identification Number C [] Transaction ID : SB30B.11754 Amount of Each Disbursement this Period [] 424.17	
City BISMARCK	State ND	Zip Code 58501	Category/ Type []
Purpose of Disbursement PAYROLL		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1033.04
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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North Dakota Republican Party

Full Name (Last, First, Middle Initial)

A. NUNNENKAMP, PHILIPPE, G, ,

Mailing Address 7785 SOLITUDE CT

City
MCLEAN

State
VA

Zip Code
22102

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	8

FEC Identification Number

C

Transaction ID : SB30B.11737

Amount of Each Disbursement this Period

2012.94

Memo Item

Full Name (Last, First, Middle Initial)

B. NUNNENKAMP, PHILIPPE, G, ,

Mailing Address 7785 SOLITUDE CT

City
MCLEAN

State
VA

Zip Code
22102

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	1	8

FEC Identification Number

C

Transaction ID : SB30B.11755

Amount of Each Disbursement this Period

2012.94

Memo Item

Full Name (Last, First, Middle Initial)

C. SANFORD, BYRON, J, ,

Mailing Address 1029 N 5TH ST

City
BISMARCK

State
ND

Zip Code
58501

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	8

FEC Identification Number

C

Transaction ID : SB30B.11746

Amount of Each Disbursement this Period

851.83

Memo Item

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

4877.71

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

Full Name (Last, First, Middle Initial) A. SPENCER, TYLER, , ,		Date of Disbursement MM / DD / YYYY 08 / 31 / 2018	
Mailing Address 108 KILLDEER RD		FEC Identification Number C [REDACTED] Transaction ID : SB30B.11743 Amount of Each Disbursement this Period [REDACTED] 1502.16	
City WEBSTER	State MA	Zip Code 01570	Category/ Type [REDACTED]
Purpose of Disbursement PAYROLL		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. SPENCER, TYLER, , ,		Date of Disbursement MM / DD / YYYY 08 / 14 / 2018	
Mailing Address 108 KILLDEER RD		FEC Identification Number C [REDACTED] Transaction ID : SB30B.11758 Amount of Each Disbursement this Period [REDACTED] 1502.16	
City WEBSTER	State MA	Zip Code 01570	Category/ Type [REDACTED]
Purpose of Disbursement PAYROLL		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. STRINDEN, JACOB, , ,		Date of Disbursement MM / DD / YYYY 08 / 31 / 2018	
Mailing Address 245 PRAIRIEWOOD DR S		FEC Identification Number C [REDACTED] Transaction ID : SB30B.11744 Amount of Each Disbursement this Period [REDACTED] 461.75	
City FARGO	State ND	Zip Code 58103	Category/ Type [REDACTED]
Purpose of Disbursement PAYROLL		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 3466.07
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North Dakota Republican Party

Full Name (Last, First, Middle Initial)

A. WILIKINS, JACOB, H, ,

Mailing Address 1029 N 5TH ST

City
BISMARCK

State
ND

Zip Code
58501

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	8

FEC Identification Number

C []
Transaction ID : SB30B.11745
Amount of Each Disbursement this Period
[] 2165.15 []

Memo Item

Full Name (Last, First, Middle Initial)

B. WILIKINS, JACOB, H, ,

Mailing Address 1029 N 5TH ST

City
BISMARCK

State
ND

Zip Code
58501

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	1	8

FEC Identification Number

C []
Transaction ID : SB30B.11759
Amount of Each Disbursement this Period
[] 2165.14 []

Memo Item

Full Name (Last, First, Middle Initial)

C. WINBAUER, COLE, , ,

Mailing Address 3142 MORGAN CIR

City
BISMARCK

State
ND

Zip Code
58503

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	8

FEC Identification Number

C []
Transaction ID : SB30B.11747
Amount of Each Disbursement this Period
[] 1018.82 []

Memo Item

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

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

5	3	4	9	.	1	1
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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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

A. WINBAUER, COLE, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 3142 MORGAN CIR

City BISMARCK State ND Zip Code 58503

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 14 / 2018

FEC Identification Number: C

Transaction ID : SB30B.11760

Amount of Each Disbursement this Period: 1018.81

Memo Item

B. ADVANTAGE DIRECT

Full Name (Last, First, Middle Initial)

Mailing Address 2300 CLARENDON BLVD STE 303

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement GOTV CONSULTANT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 03 / 2018

FEC Identification Number: C

Transaction ID : SB30B.9999

Amount of Each Disbursement this Period: 2404.13

Memo Item

C. PAYCHEX

Full Name (Last, First, Middle Initial)

Mailing Address 911 PANORAMA TRAIL S

City ROCHESTER State ND Zip Code 14625

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 31 / 2018

FEC Identification Number: C

Transaction ID : SB30B.11745

Amount of Each Disbursement this Period: 3896.60

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 7319.54

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

A. PAYCHEX

Full Name (Last, First, Middle Initial)
Mailing Address 911 PANORAMA TRAIL S

City ROCHESTER State ND Zip Code 14625

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 14 / 2018

FEC Identification Number: C

Transaction ID : SB30B.11761

Amount of Each Disbursement this Period: 3535.36

Memo Item

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	3535.36
TOTAL This Period (last page this line number only).....▶	31685.26

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 63 OF 85
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
North Dakota Republican Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Forum Communications Company			Nature of Debt (Purpose): Advertising
Mailing Address PO Box 2020			
City Fargo	State ND	Zip Code 58107	

Outstanding Balance Beginning This Period <input type="text" value="5.00"/>	Transaction ID : SD10.4751	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Forum Communications Company			Nature of Debt (Purpose): Advertising
Mailing Address PO Box 2020			
City Fargo	State ND	Zip Code 58107	

Outstanding Balance Beginning This Period <input type="text" value="65.00"/>	Transaction ID : SD10.11033	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="65.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Forum Communications Company			Nature of Debt (Purpose): Advertising
Mailing Address PO Box 2020			
City Fargo	State ND	Zip Code 58107	

Outstanding Balance Beginning This Period <input type="text" value="115.70"/>	Transaction ID : SD10.11090	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="115.70"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 64 OF 85
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
North Dakota Republican Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Forum Communications Company			Nature of Debt (Purpose): Advertising
Mailing Address PO Box 2020			
City Fargo	State ND	Zip Code 58107	

Outstanding Balance Beginning This Period 877.50	Transaction ID : SD10.11091	
Amount Incurred This Period 0.00	Payment This Period 877.50	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Forum Communications Company			Nature of Debt (Purpose): Advertising
Mailing Address PO Box 2020			
City Fargo	State ND	Zip Code 58107	

Outstanding Balance Beginning This Period 215.00	Transaction ID : SD10.11092	
Amount Incurred This Period 0.00	Payment This Period 161.80	Outstanding Balance at Close of This Period 53.20

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Forum Communications Company			Nature of Debt (Purpose): Advertising
Mailing Address PO Box 2020			
City Fargo	State ND	Zip Code 58107	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.11629	
Amount Incurred This Period 177.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 177.50

1) SUBTOTALS This Period This Page (optional)..... ▶	230.70
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 65 OF 85
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
North Dakota Republican Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Forum Communications Company			Nature of Debt (Purpose): Advertising
Mailing Address PO Box 2020			
City Fargo	State ND	Zip Code 58107	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.11631	
Amount Incurred This Period 122.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 122.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Forum Communications Company			Nature of Debt (Purpose): Advertising
Mailing Address PO Box 2020			
City Fargo	State ND	Zip Code 58107	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.11636	
Amount Incurred This Period 220.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 220.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Forum Communications Company			Nature of Debt (Purpose): Advertising
Mailing Address PO Box 2020			
City Fargo	State ND	Zip Code 58107	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.11638	
Amount Incurred This Period 100.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 100.00

1) SUBTOTALS This Period This Page (optional)..... ▶	442.50
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 66 OF 85
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
North Dakota Republican Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Forum Communications Company			Nature of Debt (Purpose): Advertising
Mailing Address PO Box 2020			
City Fargo	State ND	Zip Code 58107	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.11640	
Amount Incurred This Period 200.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 200.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Forum Communications Company			Nature of Debt (Purpose): Advertising
Mailing Address PO Box 2020			
City Fargo	State ND	Zip Code 58107	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.11642	
Amount Incurred This Period 140.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 140.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Forum Communications Company			Nature of Debt (Purpose): Advertising
Mailing Address PO Box 2020			
City Fargo	State ND	Zip Code 58107	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.11644	
Amount Incurred This Period 120.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 120.00

1) SUBTOTALS This Period This Page (optional)..... ▶	460.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 67 OF 85
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
North Dakota Republican Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Forum Communications Company			Nature of Debt (Purpose): Advertising
Mailing Address PO Box 2020			
City Fargo	State ND	Zip Code 58107	

Outstanding Balance Beginning This Period	Transaction ID : SD10.11645	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="100.00"/>	<input type="text" value="0.00"/>	<input type="text" value="100.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Forum Communications Company			Nature of Debt (Purpose): Advertising
Mailing Address PO Box 2020			
City Fargo	State ND	Zip Code 58107	

Outstanding Balance Beginning This Period	Transaction ID : SD10.11648	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="120.00"/>	<input type="text" value="0.00"/>	<input type="text" value="120.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Forum Communications Company			Nature of Debt (Purpose): Advertising
Mailing Address PO Box 2020			
City Fargo	State ND	Zip Code 58107	

Outstanding Balance Beginning This Period	Transaction ID : SD10.11651	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="240.00"/>	<input type="text" value="0.00"/>	<input type="text" value="240.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="460.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 68 OF 85
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
North Dakota Republican Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Forum Communications Company			Nature of Debt (Purpose): Advertising
Mailing Address PO Box 2020			
City Fargo	State ND	Zip Code 58107	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.11652	
Amount Incurred This Period 220.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 220.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Forum Communications Company			Nature of Debt (Purpose): Advertising
Mailing Address PO Box 2020			
City Fargo	State ND	Zip Code 58107	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.11659	
Amount Incurred This Period 210.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 210.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Forum Communications Company			Nature of Debt (Purpose): Advertising
Mailing Address PO Box 2020			
City Fargo	State ND	Zip Code 58107	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.11660	
Amount Incurred This Period 212.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 212.50

1) SUBTOTALS This Period This Page (optional)..... ▶	642.50
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 69 OF 85
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
North Dakota Republican Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Forum Communications Company			Nature of Debt (Purpose): Advertising
Mailing Address PO Box 2020			
City Fargo	State ND	Zip Code 58107	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.11655	
Amount Incurred This Period <input type="text" value="100.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="100.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Forum Communications Company			Nature of Debt (Purpose): Advertising
Mailing Address PO Box 2020			
City Fargo	State ND	Zip Code 58107	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.11657	
Amount Incurred This Period <input type="text" value="180.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="180.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="280.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="2515.70"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="2515.70"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
North Dakota Republican Party
FEC IDENTIFICATION NUMBER
C C00018929

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
FORUMS COMMUNICATIONS COMPANY
Memo Item
Date of Public Distribution/Dissemination
Mailing Address PO BOX 2020
Amount 177.50
Transaction ID: SE.11630
Date of Disbursement or Obligation 08/03/2018
Purpose of Expenditure ADVERTISING
Category/Type
Name of Federal Candidate: CRAMER, KEVIN, ,
Support Oppose
Office Sought: House Senate
District: 00 State: ND
Calendar Year-To-Date Per Election for Office Sought 1385.70
Disbursement For: Primary General
Other (specify)

Full Name of Payee
FORUMS COMMUNICATIONS COMPANY
Memo Item
Date of Public Distribution/Dissemination
Mailing Address PO BOX 2020
Amount 122.50
Transaction ID: SE.11635
Date of Disbursement or Obligation 08/11/2018
Purpose of Expenditure ADVERTISING
Category/Type
Name of Federal Candidate: CRAMER, KEVIN, ,
Support Oppose
Office Sought: House Senate
District: 00 State: ND
Calendar Year-To-Date Per Election for Office Sought 1508.20
Disbursement For: Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HACKER, NICHOLAS, ,

[Electronically Filed]

Date

09 / 17 / 2018

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) North Dakota Republican Party	FEC IDENTIFICATION NUMBER ▼ C C00018929
---------------------------------------------------------------------	----------------------------------------------------------

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee FORUMS COMMUNICATIONS COMPANY <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address PO BOX 2020			Amount <input type="text"/> 220.00		
City FARGO	State ND	Zip Code 58107			
Purpose of Expenditure ADVERTISING		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: CRAMER, KEVIN, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>ND</u>		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1728.20			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee FORUMS COMMUNICATIONS COMPANY <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address PO BOX 2020			Amount <input type="text"/> 100.00		
City FARGO	State ND	Zip Code 58107			
Purpose of Expenditure ADVERTISING		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: CRAMER, KEVIN, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>ND</u>		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1828.20			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HACKER, NICHOLAS, , ,

[Electronically Filed]

Date

09 / 17 / 2018

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) North Dakota Republican Party	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00018929 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input checked="" type="checkbox"/> Memo Item FORUMS COMMUNICATIONS COMPANY			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address PO BOX 2020			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 200.00 </div>		
City FARGO	State ND	Zip Code 58107	Transaction ID : SE.11641 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; text-align: center;"> 08 / 15 / 2018 </div>		
Purpose of Expenditure ADVERTISING			Category/Type 		
Name of Federal Candidate: CRAMER, KEVIN, , ,			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>ND</u> <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 2028.20			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input checked="" type="checkbox"/> Memo Item FORUMS COMMUNICATIONS COMPANY			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address PO BOX 2020			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 140.00 </div>		
City FARGO	State ND	Zip Code 58107	Transaction ID : SE.11643 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; text-align: center;"> 08 / 19 / 2018 </div>		
Purpose of Expenditure ADVERTISING			Category/Type 		
Name of Federal Candidate: CRAMER, KEVIN, , ,			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>ND</u> <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 2168.20			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HACKER, NICHOLAS, , ,
 Signature

[Electronically Filed]

 Date M M / D D / Y Y Y Y Y Y

09 / 17 / 2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) North Dakota Republican Party	FEC IDENTIFICATION NUMBER ▼ C C00018929
---------------------------------------------------------------------	----------------------------------------------------------

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee FORUMS COMMUNICATIONS COMPANY <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address PO BOX 2020			Amount <input type="text"/> 120.00		
City FARGO	State ND	Zip Code 58107			
Purpose of Expenditure ADVERTISING		Category/ Type <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: CRAMER, KEVIN, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>ND</u>		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2288.20			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee FORUMS COMMUNICATIONS COMPANY <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address PO BOX 2020			Amount <input type="text"/> 100.00		
City FARGO	State ND	Zip Code 58107			
Purpose of Expenditure ADVERTISING		Category/ Type <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: CRAMER, KEVIN, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>ND</u>		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2388.20			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HACKER, NICHOLAS, , ,

[Electronically Filed]

Date

/ /

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) North Dakota Republican Party	FEC IDENTIFICATION NUMBER ▼ C C00018929
---------------------------------------------------------------------	----------------------------------------------------------

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee FORUMS COMMUNICATIONS COMPANY <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address PO BOX 2020			Amount <input type="text"/> 120.00		
City FARGO	State ND	Zip Code 58107			
Purpose of Expenditure ADVERTISING		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: CRAMER, KEVIN, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>ND</u>		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2508.20			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee FORUMS COMMUNICATIONS COMPANY <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address PO BOX 2020			Amount <input type="text"/> 240.00		
City FARGO	State ND	Zip Code 58107			
Purpose of Expenditure ADVERTISING		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: CRAMER, KEVIN, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>ND</u>		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2748.20			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures	▶	<input type="text"/> 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	<input type="text"/>
(c) TOTAL Independent Expenditures	▶	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HACKER, NICHOLAS, , ,

[Electronically Filed]

Date 09 / 17 / 2018

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) North Dakota Republican Party	FEC IDENTIFICATION NUMBER ▼ C C00018929
---------------------------------------------------------------------	----------------------------------------------------------

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee FORUMS COMMUNICATIONS COMPANY <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address PO BOX 2020			Amount <input type="text"/> 220.00		
City FARGO	State ND	Zip Code 58107			
Purpose of Expenditure ADVERTISING		Category/ Type <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: CRAMER, KEVIN, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>ND</u>		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2968.20			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee FORUMS COMMUNICATIONS COMPANY <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address PO BOX 2020			Amount <input type="text"/> 100.00		
City FARGO	State ND	Zip Code 58107			
Purpose of Expenditure ADVERTISING		Category/ Type <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: CRAMER, KEVIN, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>ND</u>		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 3068.20			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HACKER, NICHOLAS, , ,

[Electronically Filed]

Date 09 / 17 / 2018

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) North Dakota Republican Party	FEC IDENTIFICATION NUMBER ▼ C C00018929
---------------------------------------------------------------------	----------------------------------------------------------

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee FORUMS COMMUNICATIONS COMPANY <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address PO BOX 2020			Amount <input type="text"/> 180.00		
City FARGO	State ND	Zip Code 58107			
Purpose of Expenditure ADVERTISING		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: CRAMER, KEVIN, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>ND</u>		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 3248.20			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee FORUMS COMMUNICATIONS COMPANY <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address PO BOX 2020			Amount <input type="text"/> 210.00		
City FARGO	State ND	Zip Code 58107			
Purpose of Expenditure ADVERTISING		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: CRAMER, KEVIN, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>ND</u>		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 3458.20			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HACKER, NICHOLAS, , ,

[Electronically Filed]

Date 09 / 17 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
North Dakota Republican Party
FEC IDENTIFICATION NUMBER
C C00018929

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
FORUMS COMMUNICATIONS COMPANY
Mailing Address PO BOX 2020
City FARGO State ND Zip Code 58107
Purpose of Expenditure ADVERTISING
Name of Federal Candidate: CRAMER, KEVIN, , ,
Calendar Year-To-Date Per Election for Office Sought 3670.70
Disbursement For: General 2018

Full Name of Payee
FORUMS COMMUNICATIONS COMPANY
Mailing Address PO BOX 2020
City FARGO State ND Zip Code 58107
Purpose of Expenditure ADVERTISING
Name of Federal Candidate: CRAMER, KEVIN, , ,
Calendar Year-To-Date Per Election for Office Sought 100371.46
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 65.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HACKER, NICHOLAS, , ,

[Electronically Filed]

Date

09 / 17 / 2018

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) North Dakota Republican Party	FEC IDENTIFICATION NUMBER ▼ C C00018929
---------------------------------------------------------------------	----------------------------------------------------------

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item FORUMS COMMUNICATIONS COMPANY			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address PO BOX 2020			Amount <input type="text"/>		
City FARGO	State ND	Zip Code 58107	Transaction ID : SE.11664		
Purpose of Expenditure ADVERTISING		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: CRAMER, KEVIN, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>ND</u>		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		100487.16	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item FORUMS COMMUNICATIONS COMPANY			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address PO BOX 2020			Amount <input type="text"/>		
City FARGO	State ND	Zip Code 58107	Transaction ID : SE.11665		
Purpose of Expenditure ADVERTISING		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: CRAMER, KEVIN, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>ND</u>		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		101364.66	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HACKER, NICHOLAS, , ,

[Electronically Filed]

Date

/ /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) North Dakota Republican Party	FEC IDENTIFICATION NUMBER ▼ C C00018929
---------------------------------------------------------------------	----------------------------------------------------------

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item FORUMS COMMUNICATIONS COMPANY		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO BOX 2020		Amount <input type="text"/> 161.80
City FARGO	State ND	
Purpose of Expenditure ADVERTISING	Category/Type <input type="text"/>	Transaction ID : SE.11666 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CRAMER, KEVIN, , ,		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>ND</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 101526.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address		Amount <input type="text"/>
City	State	
Purpose of Expenditure	Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 161.80
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/> 1220.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HACKER, NICHOLAS, , , [Electronically Filed] Date / /

Signature

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

North Dakota Republican Party

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.11685 Memo Item

RED CURVE SOLUTIONS

Mailing Address 138 CONANT STREET
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement: COMPLIANCE CONSULTING

Activity or Event Identifier: Administrative

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 88169.66

Date: 08 / 03 / 2018

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
943.24		3548.37		4491.61

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.11697 Memo Item

US POSTMASTER

Mailing Address 220 E ROSSER AVE

City BISMARCK State ND Zip Code 58501

Purpose of Disbursement: POSTAGE EXPENSE

Activity or Event Identifier: Administrative

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 88394.66

Date: 08 / 03 / 2018

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
47.25		177.75		225.00

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.12140 Memo Item

MONTANA-DAKOTA UTILITIES

Mailing Address PO BOX 1457

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement: UTILITIES

Activity or Event Identifier: Administrative

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 88424.24

Date: 08 / 03 / 2018

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.21		23.37		29.58

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
996.70		3749.49		4746.19

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

North Dakota Republican Party

Form A: Full Name (Last, First, Middle Initial) Transaction ID : H4.12141 MONTANA-DAKOTA UTILITIES. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, and Allocated Activity or Event details.

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.12143 MONTANA-DAKOTA UTILITIES. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, and Allocated Activity or Event details.

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.12144 MONTANA-DAKOTA UTILITIES. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, and Allocated Activity or Event details.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 84.01, 316.02, 400.03.

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [Empty], [Empty], [Empty].

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

North Dakota Republican Party

Form A: BUZZ 360 LLC. Transaction ID: H4.12149. Mailing Address: 1406 W LAKE #201, MINNEAPOLIS, MN 55408. Purpose: INTERNET SERVICE/WEB PAGE. Activity: Administrative. Allocated Activity or Event: Administrative. Year-To-Date: 89524.27. Date: 08/03/2018. Summary: FEDERAL SHARE 147.00, NONFEDERAL SHARE 553.00, TOTAL AMOUNT 700.00.

Form B: RAMBOUGH, JANEAN, M, . Transaction ID: H4.11756. Mailing Address: 2103 ASSUMPTION DRIVE, BISMARCK, ND 58501. Purpose: PAYROLL < 25% FEDERAL. Activity: Administrative. Allocated Activity or Event: Administrative. Year-To-Date: 91225.74. Date: 08/14/2018. Summary: FEDERAL SHARE 357.31, NONFEDERAL SHARE 1344.16, TOTAL AMOUNT 1701.47.

Form C: SCHEFTER, DAWSON, . Transaction ID: H4.11757. Mailing Address: 5000 28TH AVE. S. APT. 304, FARGO, ND 58103. Purpose: PAYROLL<25% FEDERAL. Activity: Administrative. Allocated Activity or Event: Administrative. Year-To-Date: 93238.68. Date: 08/14/2018. Summary: FEDERAL SHARE 422.72, NONFEDERAL SHARE 1590.22, TOTAL AMOUNT 2012.94.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Summary table for subtotal: FEDERAL SHARE 927.03, NONFEDERAL SHARE 3487.38, TOTAL AMOUNT 4414.41.

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Summary table for total: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT.

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

North Dakota Republican Party

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.11762 Memo Item

PAYCHEX

Mailing Address 911 PANORAMA TRAIL S

City ROCHESTER State ND Zip Code 14625

Purpose of Disbursement: PAYROLL TAXES < 25% FEDERAL

Activity or Event Identifier: Administrative

Allocated Activity or Event: Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 94443.45

Date: 08 / 14 / 2018

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
253.00		951.77		1204.77

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.11706 Memo Item

WASTE MANAGEMENT

Mailing Address PO BOX 4648

City CAROL STREAM State IL Zip Code 60197

Purpose of Disbursement: UTILITIES

Activity or Event Identifier: Administrative

Allocated Activity or Event: Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 94496.20

Date: 08 / 20 / 2018

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
11.08		41.67		52.75

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.11778 Memo Item

MARCO TECHNOLOGIES INC.

Mailing Address 807 E CENTURY AVE

City BISMARCK State ND Zip Code 58503

Purpose of Disbursement: COMPUTER PROGRAM/EQUIPMENT

Activity or Event Identifier: Administrative

Allocated Activity or Event: Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 94954.16

Date: 08 / 20 / 2018

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
96.17		361.79		457.96

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
360.25		1355.23		1715.48

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

North Dakota Republican Party

Form A: MIDCONTINENT COMMUNICATIONS. Transaction ID: H4.12151. Allocated Activity or Event: Administrative. Date: 08/20/2018. Total Amount: 331.66.

Form B: RAMBOUGH, JANEAN, M, . Transaction ID: H4.11739. Allocated Activity or Event: Administrative. Date: 08/31/2018. Total Amount: 1701.46.

Form C: SCHEFTER, DAWSON, . Transaction ID: H4.11742. Allocated Activity or Event: Administrative. Date: 08/31/2018. Total Amount: 2012.94.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE (849.68), NONFEDERAL SHARE (3196.38), TOTAL AMOUNT (4046.06).

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT.

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

North Dakota Republican Party

Form A: Full Name (Last, First, Middle Initial) Transaction ID : H4.11748
PAYCHEX
Mailing Address 911 PANORAMA TRAIL S
City ROCHESTER State ND Zip Code 14625
Purpose of Disbursement: PAYROLL TAXES < 25% FEDERAL
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date: 100201.31
Date: 08/31/2018
FEDERAL SHARE: 252.23 NONFEDERAL SHARE: 948.86 TOTAL AMOUNT: 1201.09

Form B: Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement:
Activity or Event Identifier:
Allocated Activity or Event:
Allocated Activity or Event Year-To-Date:
Date:
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

Form C: Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement:
Activity or Event Identifier:
Allocated Activity or Event:
Allocated Activity or Event Year-To-Date:
Date:
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 252.23, 948.86, 1201.09

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 3469.90, 13053.36, 16523.26