

FEC  
FORM 3REPORT OF RECEIPTS  
AND DISBURSEMENTS  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full) **TYPE OR PRINT ▼**Example: If typing, type  
over the lines.

12FE4M5

Hoeven for Senate

ADDRESS (number and street)

PO BOX 861

Check if different  
than previously  
reported. (ACC)

BISMARCK

ND

58502

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C

C00473371

3. IS THIS  
REPORT

X

NEW  
(N)

OR

AMENDED  
(A)

STATE ▼ DISTRICT

ND

## 4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of

(c) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M 10

/ D 01

/ Y 2025

through

M 12

/ D 31

/ Y 2025

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer HOBBS, CABELL, , ,

Signature of Treasurer

HOBBS, CABELL, , ,

Date

M 01

/ D 30

/ Y 2026

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

Office  
Use  
OnlyFEC FORM 3  
(Revised 05/2016)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

**Hoeven for Senate**

Report Covering the Period: From:

M M  
10D D  
01Y Y Y Y  
2025

To:

M M  
12D D  
31Y Y Y Y  
2025

## 6. Net Contributions (other than loans)

- (a) Total Contributions (other than loans) (from Line 11(e)) ....
- (b) Total Contribution Refunds (from Line 20(d)) .....
- (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....

**COLUMN A**  
This Period**COLUMN B**  
Election Cycle-to-Date

|          |           |
|----------|-----------|
| 58200.00 | 700767.65 |
| 0.00     | -1800.00  |
| 58200.00 | 702567.65 |

## 7. Net Operating Expenditures

- (a) Total Operating Expenditures (from Line 17) .....
- (b) Total Offsets to Operating Expenditures (from Line 14).....
- (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....

|          |            |
|----------|------------|
| 47460.71 | 1039872.65 |
| 1080.00  | 1796.21    |
| 46380.71 | 1038076.44 |

## 8. Cash on Hand at Close of Reporting Period (from Line 27).....

|           |
|-----------|
| 648049.66 |
|-----------|

9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D) .....

|      |
|------|
| 0.00 |
|------|

10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D) .....

|           |
|-----------|
| 100000.00 |
|-----------|

For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov).

## DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Hoeven for Senate

Report Covering the Period: From:

M M 10 / D D 01 / Y Y Y 2025

To:

M M 12 / D D 31 / Y Y Y 2025

## I. RECEIPTS

COLUMN A  
Total This PeriodCOLUMN B  
Election Cycle-to-Date

## 11. CONTRIBUTIONS (other than loans) FROM:

- (a) Individuals/Persons Other Than Political Committees
  - (i) Itemized (use Schedule A) .....
  - (ii) Unitemized .....
  - (iii) TOTAL of contributions from individuals .....
- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs) .....
- (d) The Candidate .....
- (e) TOTAL CONTRIBUTIONS (other than loans)  
(add Lines 11(a)(iii), (b), (c), and (d))...

|          |           |
|----------|-----------|
| 29500.00 | 346855.00 |
| 0.00     | 26742.65  |
| 29500.00 | 373597.65 |
| 0.00     | 2020.00   |
| 28700.00 | 325150.00 |
| 0.00     | 0.00      |
| 58200.00 | 700767.65 |

## 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....

|      |           |
|------|-----------|
| 0.00 | 141265.63 |
|------|-----------|

## 13. LOANS:

- (a) Made or Guaranteed by the Candidate.....
- (b) All Other Loans.....
- (c) TOTAL LOANS  
(add Lines 13(a) and (b)).....

|      |      |
|------|------|
| 0.00 | 0.00 |
| 0.00 | 0.00 |
| 0.00 | 0.00 |

14. OFFSETS TO OPERATING EXPENDITURES  
(Refunds, Rebates, etc.) .....

|         |         |
|---------|---------|
| 1080.00 | 1796.21 |
|---------|---------|

15. OTHER RECEIPTS  
(Dividends, Interest, etc.) .....

|      |      |
|------|------|
| 0.00 | 9.22 |
|------|------|

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15)  
(Carry Total to Line 24, page 4) .....

|          |           |
|----------|-----------|
| 59280.00 | 843838.71 |
|----------|-----------|

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....  | 47460.71                      | 1039872.65                         |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:   |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....   | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | - 1500.00                          |
| (b) Political Party Committees.....  | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs) .....                       | 0.00                          | - 300.00                           |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | - 1800.00                          |
| 21. OTHER DISBURSEMENTS .....  | 0.00                          | 26270.80                           |
| <b>22. TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | <b>47460.71</b>               | <b>1064343.45</b>                  |

## III. CASH SUMMARY

|   |           |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 636230.37 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 59280.00  |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 695510.37 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 47460.71  |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 648049.66 |

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

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

FOR LINE NUMBER: PAGE 5 OF 32

(check only one)

 11a  11b  11c  11d  
 12  13a  13b  14  15

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)

Hoeven for Senate

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>BIFFERT, KEVIN, , ,</b><br><b>A.</b> Mailing Address 1809 124TH AVE S                                    |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 03 2025<br><b>Transaction ID : SA11A.40122</b> |
| City<br>HORACE<br><br>FEC ID number of contributing<br>federal political committee.<br><b>C</b>  |  | Amount of Each Receipt this Period<br>2500.00   |
| Name of Employer<br>701X<br><br>Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) ▼ |  | Occupation<br>PRESIDENT/CEO<br><br>Election Cycle-to-Date ▼<br>7000.00                      |
| Full Name (Last, First, Middle Initial)<br><b>BIFFERT, KEVIN, , ,</b><br><b>B.</b> Mailing Address 1809 124TH AVE S                                    |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 03 2025<br><b>Transaction ID : SA11A.40126</b> |
| City<br>HORACE<br><br>FEC ID number of contributing<br>federal political committee.<br><b>C</b>  |  | Amount of Each Receipt this Period<br>- 500.00  |
| Name of Employer<br>701X<br><br>Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) ▼ |  | Occupation<br>PRESIDENT/CEO<br><br>Election Cycle-to-Date ▼<br>7000.00                      |
| Full Name (Last, First, Middle Initial)<br><b>BIFFERT, KEVIN, , ,</b><br><b>C.</b> Mailing Address 1809 124TH AVE S                                    |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 03 2025<br><b>Transaction ID : SA11A.40127</b> |
| City<br>HORACE<br><br>FEC ID number of contributing<br>federal political committee.<br><b>C</b>  |  | Amount of Each Receipt this Period<br>- 1800.00   |
| Name of Employer<br>701X<br><br>Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) ▼ |  | Occupation<br>PRESIDENT/CEO<br><br>Election Cycle-to-Date ▼<br>7000.00                      |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ►  |  | 2500.00   |
| <b>TOTAL</b> This Period (last page this line number only) .....   |  | 2500.00   |

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

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

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(check only one)

 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)

Hoeven for Senate

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>BIFFERT, KEVIN, , ,</b><br><b>A.</b> Mailing Address 1809 124TH AVE S  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 03 2025<br><b>Transaction ID : SA11A.40128</b> |
| City<br>HORACE<br><br>FEC ID number of contributing<br>federal political committee.<br><b>C</b>  |  | Amount of Each Receipt this Period<br>1800.00   |
| Name of Employer<br>701X<br><br>Receipt For: 2028<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼            |  | Occupation<br>PRESIDENT/CEO<br><br>Election Cycle-to-Date ▼<br><b>7000.00</b>               |
| Full Name (Last, First, Middle Initial)<br><b>BIFFERT, STACY, , ,</b><br><b>B.</b> Mailing Address 1609 124TH AVE S  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 03 2025<br><b>Transaction ID : SA11A.40125</b> |
| City<br>HORACE<br><br>FEC ID number of contributing<br>federal political committee.<br><b>C</b>  |  | Amount of Each Receipt this Period<br>500.00  |
| Name of Employer<br>LILLY<br><br>Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼           |  | Occupation<br>SALES REP<br><br>Election Cycle-to-Date ▼<br><b>500.00</b>                    |
| Full Name (Last, First, Middle Initial)<br><b>BLUE, NEAL, , ,</b><br><b>C.</b> Mailing Address 9756 LA JOLLA FARMS ROAD  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 03 2025<br><b>Transaction ID : SA11A.40118</b> |
| City<br>LA JOLLA<br><br>FEC ID number of contributing<br>federal political committee.<br><b>C</b>  |  | Amount of Each Receipt this Period<br>7000.00   |
| Name of Employer<br>GENERAL ATOMICS<br><br>Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Occupation<br>CHAIRMAN AND CEO<br><br>Election Cycle-to-Date ▼<br><b>7000.00</b>            |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ►  |  | <b>7000.00</b>  |
| <b>TOTAL</b> This Period (last page this line number only) .....   |  | <b>7000.00</b>  |

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

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

FOR LINE NUMBER: PAGE 7 OF 32

(check only one)

 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)

Hoeven for Senate

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>BLUE, NEAL, , ,</b><br><b>A.</b> Mailing Address 9756 LA JOLLA FARMS ROAD   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 03 2025<br><b>Transaction ID : SA11A.40119</b>  |
| City<br>LA JOLLA  |  | State<br>CA<br>Zip Code<br>92037-1133  |
| FEC ID number of contributing<br>federal political committee.<br><b>C</b>   |  | Amount of Each Receipt this Period<br><br>- 3500.00 |
| Name of Employer<br><b>GENERAL ATOMICS</b>  |  | Occupation<br><b>CHAIRMAN AND CEO</b>  |
| Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) ▼  |  | Election Cycle-to-Date ▼<br><br>7000.00              |
| Full Name (Last, First, Middle Initial)<br><b>BLUE, NEAL, , ,</b><br><b>B.</b> Mailing Address 9756 LA JOLLA FARMS ROAD   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 03 2025<br><b>Transaction ID : SA11A.40120</b>  |
| City<br>LA JOLLA  |  | State<br>CA<br>Zip Code<br>92037-1133  |
| FEC ID number of contributing<br>federal political committee.<br><b>C</b>   |  | Amount of Each Receipt this Period<br><br>3500.00 |
| Name of Employer<br><b>GENERAL ATOMICS</b>  |  | Occupation<br><b>CHAIRMAN AND CEO</b>  |
| Receipt For: 2028<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>Other (specify) ▼  |  | Election Cycle-to-Date ▼<br><br>7000.00            |
| Full Name (Last, First, Middle Initial)<br><b>BUTLER, GREGORY, , ,</b><br><b>C.</b> Mailing Address 114 WEST BEATON DR  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 03 2025<br><b>Transaction ID : SA11A.40112</b>  |
| City<br>WEST FARGO  |  | State<br>ND<br>Zip Code<br>58078-2657  |
| FEC ID number of contributing<br>federal political committee.<br><b>C</b>   |  | Amount of Each Receipt this Period<br><br>2000.00 |
| Name of Employer<br><b>RETIRED</b>  |  | Occupation<br><b>RETIRED</b>   |
| Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) ▼  |  | Election Cycle-to-Date ▼<br><br>7000.00            |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ► <br>2000.00            |  |  |
| <b>TOTAL</b> This Period (last page this line number only) ..... ► <br>2000.00 |  |  |

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

 Use separate schedule(s)  
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 Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 32

(check only one)

 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)

Hoeven for Senate

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>BUTLER, GREGORY, , ,</b><br><b>A.</b> Mailing Address 114 WEST BEATON DR  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 03 2025<br><b>Transaction ID : SA11A.40113</b>   |
| City<br><b>WEST FARGO</b><br>State<br><b>ND</b><br>Zip Code<br><b>58078-2657</b>  |  | Amount of Each Receipt this Period<br><br>- 1800.00                        |
| FEC ID number of contributing<br>federal political committee.<br><b>C</b>   |  | <input checked="" type="checkbox"/> Memo Item<br><b>CONTRIBUTION</b><br><b>REDESIGNATION TO GENERAL</b>   |
| Name of Employer<br><b>RETIRED</b><br>Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) ▼  |  | Occupation<br><b>RETIRED</b><br>Election Cycle-to-Date ▼<br><br>7000.00     |
| Full Name (Last, First, Middle Initial)<br><b>BUTLER, GREGORY, , ,</b><br><b>B.</b> Mailing Address 114 WEST BEATON DR  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 03 2025<br><b>Transaction ID : SA11A.40114</b>   |
| City<br><b>WEST FARGO</b><br>State<br><b>ND</b><br>Zip Code<br><b>58078-2657</b>  |  | Amount of Each Receipt this Period<br><br>1800.00                        |
| FEC ID number of contributing<br>federal political committee.<br><b>C</b>   |  | <input checked="" type="checkbox"/> Memo Item<br><b>CONTRIBUTION</b><br><b>REDESIGNATION FROM PRIMARY</b>   |
| Name of Employer<br><b>RETIRED</b><br>Receipt For: 2028<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>Other (specify) ▼  |  | Occupation<br><b>RETIRED</b><br>Election Cycle-to-Date ▼<br><br>7000.00   |
| Full Name (Last, First, Middle Initial)<br><b>ALEXANDER, DAVID, , ,</b><br><b>C.</b> Mailing Address 6233 PASEO ALTA RICO   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 16 2025<br><b>Transaction ID : SA11A.40144</b>   |
| City<br><b>CARLSBAD</b><br>State<br><b>CA</b><br>Zip Code<br><b>92009-2111</b>  |  | Amount of Each Receipt this Period<br><br>5000.00                        |
| FEC ID number of contributing<br>federal political committee.<br><b>C</b>   |  | <input checked="" type="checkbox"/> Memo Item<br><b>CONTRIBUTION</b><br><b>SEE REDESIGNATION</b>  |
| Name of Employer<br><b>GENERAL ATOMICS</b><br>Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) ▼  |  | Occupation<br><b>PRESIDENT</b><br>Election Cycle-to-Date ▼<br><br>5000.00 |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ► <br><b>TOTAL</b> This Period (last page this line number only) ..... ►  |  |   |

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

 Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 9 OF 32

(check only one)

 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)

Hoeven for Senate

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>ALEXANDER, DAVID, , ,</b><br><b>A.</b> Mailing Address 6233 PASEO ALTA RICO |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 16 2025<br><b>Transaction ID : SA11A.40145</b>  |
| City CARLSBAD<br>State CA<br>Zip Code 92009-2111  |  | Amount of Each Receipt this Period<br><br>- 1500.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |  | <input checked="" type="checkbox"/> Memo Item<br><b>CONTRIBUTION</b><br><b>REDESIGNATION TO GENERAL</b>                                |
| Name of Employer GENERAL ATOMICS<br>Occupation PRESIDENT  |  |  |
| Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) ▼    |  | Election Cycle-to-Date ▼<br><br>5000.00              |
| Full Name (Last, First, Middle Initial)<br><b>ALEXANDER, DAVID, , ,</b><br><b>B.</b> Mailing Address 6233 PASEO ALTA RICO |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 16 2025<br><b>Transaction ID : SA11A.40146</b>  |
| City CARLSBAD<br>State CA<br>Zip Code 92009-2111  |  | Amount of Each Receipt this Period<br><br>1500.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |  | <input checked="" type="checkbox"/> Memo Item<br><b>CONTRIBUTION</b><br><b>REDESIGNATION FROM PRIMARY</b>                              |
| Name of Employer GENERAL ATOMICS<br>Occupation PRESIDENT  |  |  |
| Receipt For: 2028<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>Other (specify) ▼    |  | Election Cycle-to-Date ▼<br><br>5000.00            |
| Full Name (Last, First, Middle Initial)<br><b>BLUE, LINDEN, , ,</b><br><b>C.</b> Mailing Address 2611 CROWN CREST LANE    |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 16 2025<br><b>Transaction ID : SA11A.40147</b>  |
| City LA JOLLA<br>State CA<br>Zip Code 92037-1119  |  | Amount of Each Receipt this Period<br><br>5000.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |  | <input checked="" type="checkbox"/> Memo Item<br><b>CONTRIBUTION</b><br><b>SEE REDESIGNATION</b>                                       |
| Name of Employer GENERAL ATOMICS<br>Occupation VICE CHAIRMAN  |  |  |
| Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) ▼    |  | Election Cycle-to-Date ▼<br><br>5000.00            |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ►   |  | <br>5000.00                                       |
| <b>TOTAL</b> This Period (last page this line number only) .....  |  | <br>5000.00                                       |

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

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

FOR LINE NUMBER: PAGE 10 OF 32

(check only one)

 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)

Hoeven for Senate

|  |  |   |                               |
|--|--|---|-------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>BLUE, LINDEN, , ,</b><br><b>A.</b> Mailing Address 2611 CROWN CREST LANE |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 16 2025<br><b>Transaction ID : SA11A.40148</b> |                               |
| City<br><b>LA JOLLA</b>  |  | State<br><b>CA</b>  | Zip Code<br><b>92037-1119</b> |
| FEC ID number of contributing<br>federal political committee.<br><b>C</b>  |  |   |                               |
| Name of Employer<br><b>GENERAL ATOMICS</b>   |  | Occupation<br><b>VICE CHAIRMAN</b>  |                               |
| Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) ▼ | Election Cycle-to-Date ▼<br><b>5000.00</b> |   |                               |
| Full Name (Last, First, Middle Initial)<br><b>BLUE, LINDEN, , ,</b><br><b>B.</b> Mailing Address 2611 CROWN CREST LANE |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 16 2025<br><b>Transaction ID : SA11A.40149</b> |                               |
| City<br><b>LA JOLLA</b>  |  | State<br><b>CA</b>  | Zip Code<br><b>92037-1119</b> |
| FEC ID number of contributing<br>federal political committee.<br><b>C</b>  |  |   |                               |
| Name of Employer<br><b>GENERAL ATOMICS</b>   |  | Occupation<br><b>VICE CHAIRMAN</b>  |                               |
| Receipt For: 2028<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>Other (specify) ▼ | Election Cycle-to-Date ▼<br><b>5000.00</b> |   |                               |
| Full Name (Last, First, Middle Initial)<br><b>ARTHAUD, JAMES, R., ,</b><br><b>C.</b> Mailing Address 14630 RIVER DRIVE |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 22 2025<br><b>Transaction ID : SA11A.40151</b> |                               |
| City<br><b>MEDORA</b>  |  | State<br><b>ND</b>  | Zip Code<br><b>58645-9402</b> |
| FEC ID number of contributing<br>federal political committee.<br><b>C</b>  |  |   |                               |
| Name of Employer<br><b>ND ENERGY</b>   |  | Occupation<br><b>CEO</b>  |                               |
| Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) ▼ | Election Cycle-to-Date ▼<br><b>6000.00</b> |   |                               |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ►  |  |   |                               |
| <b>TOTAL</b> This Period (last page this line number only) ..... ►   |  |   |                               |

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

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NAME OF COMMITTEE (In Full)

Hoeven for Senate

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>ARTHAUD, JAMES, R., ,</b><br><b>A.</b> Mailing Address 14630 RIVER DRIVE  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 22 2025<br><b>Transaction ID : SA11A.40152</b>  |
| City MEDORA<br>State ND Zip Code 58645-9402   |   | Amount of Each Receipt this Period<br><br>- 800.00  |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   | <input checked="" type="checkbox"/> Memo Item<br><b>CONTRIBUTION</b><br><b>REDESIGNATION TO GENERAL</b>                                |
| Name of Employer ND ENERGY<br>Occupation CEO  |   |  |
| Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) ▼  | Election Cycle-to-Date ▼<br><br>6000.00   |  |
| Full Name (Last, First, Middle Initial)<br><b>ARTHAUD, JAMES, R., ,</b><br><b>B.</b> Mailing Address 14630 RIVER DRIVE  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 22 2025<br><b>Transaction ID : SA11A.40153</b>  |
| City MEDORA<br>State ND Zip Code 58645-9402   |   | Amount of Each Receipt this Period<br><br>800.00  |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   | <input checked="" type="checkbox"/> Memo Item<br><b>CONTRIBUTION</b><br><b>REDESIGNATION FROM PRIMARY</b>                              |
| Name of Employer ND ENERGY<br>Occupation CEO  |   |  |
| Receipt For: 2028<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>Other (specify) ▼  | Election Cycle-to-Date ▼<br><br>6000.00 |  |
| Full Name (Last, First, Middle Initial)<br><b>ONEIDA NATION</b><br><b>C.</b> Mailing Address N7210 SEMINARY RD  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>11 12 2025<br><b>Transaction ID : SA11A.40156</b>  |
| City ONEIDA<br>State WI Zip Code 54155-   |   | Amount of Each Receipt this Period<br><br>2000.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   | <input checked="" type="checkbox"/> Memo Item<br><b>CONTRIBUTION</b>   |
| Name of Employer<br>Occupation  |   |  |
| Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) ▼  | Election Cycle-to-Date ▼<br><br>2000.00 |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ► <br>2000.00            |   |  |
| <b>TOTAL</b> This Period (last page this line number only) ..... ► <br>2000.00 |   |  |

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

 Use separate schedule(s)  
 for each category of the  
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|   |                              |                              |                              |
|---|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| 12                                      | 13a                          | 13b                          | 14                           |
| 15                                      |                              |                              |                              |

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NAME OF COMMITTEE (In Full)

Hoeven for Senate

|   |   |   |         |          |   |    |    |   |   |   |   |   |    |  |  |    |  |  |    |    |  |  |
|---|---|---|---------|----------|---|----|----|---|---|---|---|---|----|--|--|----|--|--|----|----|--|--|
| Full Name (Last, First, Middle Initial)<br><b>ARNOLD, JOHN, , ,</b><br><b>A.</b> Mailing Address 2950 LAZY LANE BOULEVARD   |   | Date of Receipt<br><table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>11</td><td></td><td></td><td>24</td><td></td><td></td><td>20</td><td>25</td><td></td><td></td></tr> </table><br>Transaction ID : SA11A.40158 | M       | M        | / | D  | D  | / | Y | Y | Y | Y | 11 |  |  | 24 |  |  | 20 | 25 |  |  |
| M   | M | /   | D       | D        | / | Y  | Y  | Y | Y |   |   |   |    |  |  |    |  |  |    |    |  |  |
| 11  |   |   | 24      |          |   | 20 | 25 |   |   |   |   |   |    |  |  |    |  |  |    |    |  |  |
| City<br><b>HOUSTON</b><br><br>FEC ID number of contributing<br>federal political committee.<br><b>C</b>   |   | Amount of Each Receipt this Period<br><table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>3500.00</td></tr> </table><br>Memo Item<br><b>CONTRIBUTION</b>  | 3500.00 |          |   |    |    |   |   |   |   |   |    |  |  |    |  |  |    |    |  |  |
| 3500.00   |   |   |         |          |   |    |    |   |   |   |   |   |    |  |  |    |  |  |    |    |  |  |
| Name of Employer<br><b>RETIRED</b><br><br>Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) ▼  |   | Occupation<br><b>RETIRED</b><br><br>Election Cycle-to-Date ▼<br><table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>6800.00</td></tr> </table>  | 6800.00 |          |   |    |    |   |   |   |   |   |    |  |  |    |  |  |    |    |  |  |
| 6800.00   |   |   |         |          |   |    |    |   |   |   |   |   |    |  |  |    |  |  |    |    |  |  |
| Full Name (Last, First, Middle Initial)<br><b>CARROLL, PATRICK, , ,</b><br><b>B.</b> Mailing Address 3323 S WAKEFIELD ST<br><br><b>SUITE 750</b><br><br>City<br><b>WASHINGTON</b><br><br>FEC ID number of contributing<br>federal political committee.<br><b>C</b>  |   | Date of Receipt<br><table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>12</td><td></td><td>/</td><td>05</td><td></td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table><br>Transaction ID : SA11A.40160   | 12      |          | / | 05 |    | / | Y | Y | Y | Y |    |  |  |    |  |  |    |    |  |  |
| 12  |   | /   | 05      |          | / | Y  | Y  | Y | Y |   |   |   |    |  |  |    |  |  |    |    |  |  |
| Name of Employer<br><b>TARPLIN, DOWNS &amp; YOUNG</b><br><br>Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) ▼   |   | Occupation<br><b>CONSULTANT</b><br><br>Election Cycle-to-Date ▼<br><table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>1500.00</td></tr> </table>   | 1500.00 |          |   |    |    |   |   |   |   |   |    |  |  |    |  |  |    |    |  |  |
| 1500.00   |   |   |         |          |   |    |    |   |   |   |   |   |    |  |  |    |  |  |    |    |  |  |
| Full Name (Last, First, Middle Initial)<br><b>PEOPLE FOR BETTER GOVERNMENT COMMITTEE OF THE YUHAAVIATAM OF SAN MANUEL NATION</b><br><b>C.</b> Mailing Address 515 S. FIGUEROA ST., STE. 1110<br><br>City<br><b>LOS ANGELES</b><br><br>FEC ID number of contributing<br>federal political committee.<br><b>C C00736041</b> |   | Date of Receipt<br><table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>12</td><td></td><td>/</td><td>30</td><td></td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table><br>Transaction ID : SA11A.41178   | 12      |          | / | 30 |    | / | Y | Y | Y | Y |    |  |  |    |  |  |    |    |  |  |
| 12  |   | /   | 30      |          | / | Y  | Y  | Y | Y |   |   |   |    |  |  |    |  |  |    |    |  |  |
| Name of Employer<br><br>Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) ▼  |   | Occupation<br><br>Election Cycle-to-Date ▼<br><table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>1000.00</td></tr> </table>  | 1000.00 |          |   |    |    |   |   |   |   |   |    |  |  |    |  |  |    |    |  |  |
| 1000.00   |   |   |         |          |   |    |    |   |   |   |   |   |    |  |  |    |  |  |    |    |  |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ►   |   | Amount of Each Receipt this Period<br><table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>1000.00</td></tr> </table><br>Memo Item<br><b>CONTRIBUTION</b>  | 1000.00 |          |   |    |    |   |   |   |   |   |    |  |  |    |  |  |    |    |  |  |
| 1000.00   |   |   |         |          |   |    |    |   |   |   |   |   |    |  |  |    |  |  |    |    |  |  |
| <b>TOTAL</b> This Period (last page this line number only) .....  |   | <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>5000.00</td></tr> </table><br><table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>29500.00</td></tr> </table>   | 5000.00 | 29500.00 |   |    |    |   |   |   |   |   |    |  |  |    |  |  |    |    |  |  |
| 5000.00   |   |   |         |          |   |    |    |   |   |   |   |   |    |  |  |    |  |  |    |    |  |  |
| 29500.00  |   |   |         |          |   |    |    |   |   |   |   |   |    |  |  |    |  |  |    |    |  |  |

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)

Hoeven for Senate

|  |  |  |
|--|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br><b>JOB'S OPPORTUNITY AND NEW IDEAS PAC</b><br>Mailing Address P.O. BOX 93441<br><br>City DES MOINES State IA Zip Code 50393-3441<br><br>FEC ID number of contributing federal political committee. <b>C</b> C00566851<br><br>Name of Employer Occupation<br><br>Receipt For: 2028 Election Cycle-to-Date ▼<br>Primary <input checked="" type="checkbox"/> General<br>Other (specify) ▼ 5000.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 03 2025<br><br><b>Transaction ID : SA11C.40117</b><br><br>Amount of Each Receipt this Period<br>5000.00<br><br>□ Memo Item<br><b>CONTRIBUTION</b> |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br><b>MICROSOFT CORPORATION PAC</b><br>Mailing Address 1 MICROSOFT WAY<br><br>City REDMOND State WA Zip Code 98052-8300<br><br>FEC ID number of contributing federal political committee. <b>C</b> C00227546<br><br>Name of Employer Occupation<br><br>Receipt For: 2028 Election Cycle-to-Date ▼<br>Primary <input checked="" type="checkbox"/> General<br>Other (specify) ▼ 2500.00             |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 03 2025<br><br><b>Transaction ID : SA11C.40115</b><br><br>Amount of Each Receipt this Period<br>2500.00<br><br>□ Memo Item<br><b>CONTRIBUTION</b> |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br><b>NORTH AMERICAN COAL PAC</b><br>Mailing Address 5340 LEGACY DR. STE 300 BLDG 1<br><br>City PLANO State TX Zip Code 75024-3141<br><br>FEC ID number of contributing federal political committee. <b>C</b> C00303685<br><br>Name of Employer Occupation<br><br>Receipt For: 2028 Election Cycle-to-Date ▼<br>Primary <input checked="" type="checkbox"/> General<br>Other (specify) ▼ 3200.00  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 03 2025<br><br><b>Transaction ID : SA11C.40108</b><br><br>Amount of Each Receipt this Period<br>1200.00<br><br>□ Memo Item<br><b>CONTRIBUTION</b> |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ►  |  | 8700.00<br><br>□ Memo Item<br><b>CONTRIBUTION</b>  |
| <b>TOTAL</b> This Period (last page this line number only) .....   |  | ►  |

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NAME OF COMMITTEE (In Full)

Hoeven for Senate

|  |  |   |
|--|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br><b>CONTINENTAL RESOURCES PAC</b><br>Mailing Address 20 N BROADWAY<br><br>City OKLAHOMA CITY State OK Zip Code 73102-9213<br><br>FEC ID number of contributing federal political committee. <b>C</b> C00551184<br><br>Name of Employer<br><br>Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) ▼                      |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 16 2025<br><br><b>Transaction ID : SA11C.40150</b><br><br>Amount of Each Receipt this Period<br>2500.00<br><br><input type="checkbox"/> Memo Item<br><b>CONTRIBUTION</b> |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br><b>ELI LILLY AND COMPANY PAC</b><br>Mailing Address LILLY COPORATE CENTER<br><br>City INDIANAPOLIS State IN Zip Code 46285-0001<br><br>FEC ID number of contributing federal political committee. <b>C</b> C00082792<br><br>Name of Employer<br><br>Receipt For: 2028<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>Other (specify) ▼               |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 31 2025<br><br><b>Transaction ID : SA11C.40154</b><br><br>Amount of Each Receipt this Period<br>2500.00<br><br><input type="checkbox"/> Memo Item<br><b>CONTRIBUTION</b> |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br><b>AMERICAN BAKERS ASSOCIATION PAC</b><br>Mailing Address 601 PENNSYLVANIA AVE NW STE 230<br><br>City WASHINGTON State DC Zip Code 20004-2629<br><br>FEC ID number of contributing federal political committee. <b>C</b> C00016386<br><br>Name of Employer<br><br>Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) ▼ |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>12 18 2025<br><br><b>Transaction ID : SA11C.40163</b><br><br>Amount of Each Receipt this Period<br>1500.00<br><br><input type="checkbox"/> Memo Item<br><b>CONTRIBUTION</b> |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ►  |  | 6500.00<br><br><input type="checkbox"/> Memo Item<br><b>CONTRIBUTION</b>  |
| <b>TOTAL</b> This Period (last page this line number only) .....   |  | <br><br><input type="checkbox"/> Memo Item<br><b>CONTRIBUTION</b>   |

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NAME OF COMMITTEE (In Full)

Hoeven for Senate

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>GILEAD SCIENCES PAC</b><br><b>A.</b> Mailing Address 333 LAKESIDE DRIVE  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>12 18 2025<br><b>Transaction ID : SA11C.40164</b>  |
| City FOSTER CITY<br>State CA<br>Zip Code 94404-1147  |  | Amount of Each Receipt this Period<br>2500.00<br>   |
| FEC ID number of contributing federal political committee.<br><b>C C00396895</b>   |  |   |
| Name of Employer<br>Occupation   |  | <b>CONTRIBUTION</b>  |
| Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) ▼   |  | Election Cycle-to-Date ▼<br>                         |
| Full Name (Last, First, Middle Initial)<br><b>PHARMACEUTICAL RESEARCH &amp; MANUFACTURERS OF AMERICA PAC</b><br><b>B.</b> Mailing Address 670 MAINE AVE SW<br>STE 1000 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>12 18 2025<br><b>Transaction ID : SA11C.40165</b>  |
| City WASHINGTON<br>State DC<br>Zip Code 20024-3556   |  | Amount of Each Receipt this Period<br>1000.00<br> |
| FEC ID number of contributing federal political committee.<br><b>C C00021972</b>   |  |   |
| Name of Employer<br>Occupation   |  | <b>CONTRIBUTION</b>  |
| Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) ▼   |  | Election Cycle-to-Date ▼<br>                       |
| Full Name (Last, First, Middle Initial)<br><b>AMERICAN VETERINARY MEDICAL ASSOCIATION PAC</b><br><b>C.</b> Mailing Address 1910 SUNDERLAND PL NW                       |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>12 23 2025<br><b>Transaction ID : SA11C.41175</b>  |
| City WASHINGTON<br>State DC<br>Zip Code 20036-1608   |  | Amount of Each Receipt this Period<br>1000.00<br> |
| FEC ID number of contributing federal political committee.<br><b>C C00114132</b>   |  |   |
| Name of Employer<br>Occupation   |  | <b>CONTRIBUTION</b>  |
| Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) ▼   |  | Election Cycle-to-Date ▼<br>                       |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ►  |  |   |
| <b>TOTAL</b> This Period (last page this line number only) .....   |  |   |

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**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Hoeven for Senate

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>AMGEN INC. POLITICAL ACTION COMMITTEE</b><br><b>A.</b> Mailing Address ONE AMGEN CENTER DRIVE       |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>12 23 2025<br><b>Transaction ID : SA11C.41177</b> |
| City THOUSAND OAKS<br>State CA<br>Zip Code 91320-1730   |  | Amount of Each Receipt this Period<br>1500.00   |
| FEC ID number of contributing federal political committee.<br><b>C</b> C00251876  |  | Memo Item<br><b>CONTRIBUTION</b>  |
| Name of Employer<br>Occupation  |  |   |
| Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) ▼                            |  | Election Cycle-to-Date ▼<br>5000.00   |
| Full Name (Last, First, Middle Initial)<br><b>TEXAS FARM BUREAU AGFUND</b><br><b>B.</b> Mailing Address PO BOX 2689                               |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>12 23 2025<br><b>Transaction ID : SA11C.41176</b> |
| City WACO<br>State TX<br>Zip Code 76702-2689  |  | Amount of Each Receipt this Period<br>5000.00   |
| FEC ID number of contributing federal political committee.<br><b>C</b> C00214981  |  | Memo Item<br><b>CONTRIBUTION</b>  |
| Name of Employer<br>Occupation  |  |   |
| Receipt For: 2028<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>Other (specify) ▼                            |  | Election Cycle-to-Date ▼<br>10000.00  |
| Full Name (Last, First, Middle Initial)<br><b>SANOFI US SERVICES INC. EMPLOYEES' POLITICAL ACTIO</b><br><b>C.</b> Mailing Address 55 CORPORATE DR |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>12 30 2025<br><b>Transaction ID : SA11C.41179</b> |
| City BRIDGEWATER<br>State NJ<br>Zip Code 08807-1265   |  | Amount of Each Receipt this Period<br>2500.00   |
| FEC ID number of contributing federal political committee.<br><b>C</b> C00144345  |  | Memo Item<br><b>CONTRIBUTION</b>  |
| Name of Employer<br>Occupation  |  |   |
| Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) ▼                            |  | Election Cycle-to-Date ▼<br>2500.00   |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ►   |  | 9000.00   |
| <b>TOTAL</b> This Period (last page this line number only) .....  |  | 28700.00  |

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

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

FOR LINE NUMBER: PAGE 17 OF 32

(check only one)

|                              |                              |                              |  |
|------------------------------|------------------------------|------------------------------|--|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d           |
| 12                           | 13a                          | 13b                          | <input checked="" type="checkbox"/> 14 |
|                              |                              |                              | 15                                     |

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NAME OF COMMITTEE (In Full)

Hoeven for Senate

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> USPS<br>Mailing Address 220 E ROSSER AVE ROOM 112                          |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>10 31 2025<br><b>Transaction ID : SA14USPS</b> |
| City BISMARCK<br>State ND<br>Zip Code 58501   |  | Amount of Each Receipt this Period<br>1080.00  |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |  | Memo Item  |
| Name of Employer  |  | Occupation   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Election Cycle-to-Date ▼<br>[Redacted]   |
| Full Name (Last, First, Middle Initial)<br><b>B.</b><br>Mailing Address   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y   |
| City  |  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |  | Memo Item  |
| Name of Employer  |  | Occupation   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Election Cycle-to-Date ▼<br>[Redacted]   |
| Full Name (Last, First, Middle Initial)<br><b>C.</b><br>Mailing Address   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y   |
| City  |  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |  | Memo Item  |
| Name of Employer  |  | Occupation   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Election Cycle-to-Date ▼<br>[Redacted]   |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ►   |  | 1080.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... ►  |  | 1080.00  |

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

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

 FOR LINE NUMBER:  
 (check only one)

 PAGE 18 OF 32  
 X 17 18 19a 19b  
 20a 20b 20c 21

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|                             |
|-----------------------------|
| NAME OF COMMITTEE (In Full) |
| Hoeven for Senate           |

Full Name (Last, First, Middle Initial)

**A. MICROSOFT**

Mailing Address ONE MICROSOFT WAY

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>REDMOND | State<br>WA | Zip Code<br>98052 |
|-----------------|-------------|-------------------|

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Date of Disbursement

|           |   |           |   |                   |
|-----------|---|-----------|---|-------------------|
| M M<br>10 | / | D D<br>02 | / | Y Y Y Y Y<br>2025 |
|-----------|---|-----------|---|-------------------|

|  |  |
|--|--|
| Office Sought:<br>House<br>Senate<br>President | Disbursement For:<br>Primary<br>General<br>Other (specify) ▼ |
|--|--|

State: District:

FEC Identification Number

|   |
|---|
| C |
|---|

Full Name (Last, First, Middle Initial)

**B. EBERHARD, TONY, , ,**

Mailing Address PO BOX 861

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>BISMARCK | State<br>ND | Zip Code<br>58502 |
|------------------|-------------|-------------------|

Purpose of Disbursement  
TRAVEL - SEE DETAIL

Candidate Name

Date of Disbursement

|           |   |           |   |                   |
|-----------|---|-----------|---|-------------------|
| M M<br>10 | / | D D<br>03 | / | Y Y Y Y Y<br>2025 |
|-----------|---|-----------|---|-------------------|

|  |  |
|--|--|
| Office Sought:<br>House<br>Senate<br>President | Disbursement For:<br>Primary<br>General<br>Other (specify) ▼ |
|--|--|

State: District:

FEC Identification Number

|   |
|---|
| C |
|---|

Full Name (Last, First, Middle Initial)

**C. ENTERPRISE RENT-A-CAR**

Mailing Address 600 CORPORATE PARK DR

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>ST LOUIS | State<br>MO | Zip Code<br>63105 |
|------------------|-------------|-------------------|

Purpose of Disbursement  
TRAVEL

Candidate Name

Date of Disbursement

|           |   |           |   |                   |
|-----------|---|-----------|---|-------------------|
| M M<br>10 | / | D D<br>03 | / | Y Y Y Y Y<br>2025 |
|-----------|---|-----------|---|-------------------|

|  |  |
|--|--|
| Office Sought:<br>House<br>Senate<br>President | Disbursement For:<br>Primary<br>General<br>Other (specify) ▼ |
|--|--|

State: District:

FEC Identification Number

|   |
|---|
| C |
|---|

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

|           |
|-----------|
| 9 9 9 9 9 |
|-----------|

1726.94

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

|           |
|-----------|
| 9 9 9 9 9 |
|-----------|

# SCHEDULE B (FEC Form 3)

## ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

17  18  19a  19b  
20a  20b  20c  21

PAGE 19 OF 32

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|                             |
|-----------------------------|
| NAME OF COMMITTEE (In Full) |
| Hoeven for Senate           |

Full Name (Last, First, Middle Initial)

### A. MARRIOTT HOTELS

Mailing Address 10400 FERNWOOD RD

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>BETHESDA | State<br>MD | Zip Code<br>20817 |
|------------------|-------------|-------------------|

Purpose of Disbursement  
TRAVEL

Candidate Name

Date of Disbursement

M M 10 /  D D 03 /  Y Y Y Y 2025

|   |   |
|---|---|
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|---|---|

State: District:

Full Name (Last, First, Middle Initial)

FEC Identification Number

C

Amount of Each Disbursement this Period

1018.47

Transaction ID : SB.2ER2

Memo Item

### B. NATIONAL AIRPORT

Mailing Address 2401 SMITH BLVD

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>ARLINGTON | State<br>VA | Zip Code<br>22202 |
|-------------------|-------------|-------------------|

Purpose of Disbursement  
TRAVEL

Candidate Name

Date of Disbursement

M M 10 /  D D 03 /  Y Y Y Y 2025

|   |   |
|---|---|
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|---|---|

State: District:

Full Name (Last, First, Middle Initial)

FEC Identification Number

C

Amount of Each Disbursement this Period

140.00

Transaction ID : SB.2ER3

Memo Item

### C. RIGHTSIDE COMPLIANCE LLC

Mailing Address PO BOX 341027

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>AUSTIN | State<br>TX | Zip Code<br>78734 |
|----------------|-------------|-------------------|

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Date of Disbursement

M M 10 /  D D 06 /  Y Y Y Y 2025

|   |   |
|---|---|
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|---|---|

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

150.00

Transaction ID : SB.3

Memo Item

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

150.00

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

# SCHEDULE B (FEC Form 3)

## ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: PAGE 20 OF 32  
(check only one)

17  18  19a  19b  
20a  20b  20c  21

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|                             |
|-----------------------------|
| NAME OF COMMITTEE (In Full) |
| Hoeven for Senate           |

Full Name (Last, First, Middle Initial)

### A. CMDI

Mailing Address 1593 SPRING HILL RD #400

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>VIENNA | State<br>VA | Zip Code<br>22182 |
|----------------|-------------|-------------------|

Purpose of Disbursement  
DATABASE MANAGEMENT SERVICE

Candidate Name

Date of Disbursement

M M 10 /  D D 07 /  Y Y Y Y Y 2025

|   |  |
|---|--|
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br>Other (specify) ▼ |
|---|--|

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB.4

Memo Item

Full Name (Last, First, Middle Initial)

### B. IMAGE PRINTING INC

Mailing Address PO BOX 696

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>BISMARCK | State<br>ND | Zip Code<br>58502 |
|------------------|-------------|-------------------|

Purpose of Disbursement  
PRINTING

Candidate Name

Date of Disbursement

M M 10 /  D D 10 /  Y Y Y Y Y 2025

|   |  |
|---|--|
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br>Other (specify) ▼ |
|---|--|

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

59.97

Transaction ID : SB.5

Memo Item

Full Name (Last, First, Middle Initial)

### C. ODNEY

Mailing Address PO BOX 2035

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>BISMARCK | State<br>ND | Zip Code<br>58502 |
|------------------|-------------|-------------------|

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Date of Disbursement

M M 10 /  D D 10 /  Y Y Y Y Y 2025

|   |  |
|---|--|
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br>Other (specify) ▼ |
|---|--|

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

4490.00

Transaction ID : SB.6

Memo Item

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

5549.97

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

# SCHEDULE B (FEC Form 3)

## ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

17  18  19a  19b  
20a  20b  20c  21

PAGE 21 OF 32

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|                             |
|-----------------------------|
| NAME OF COMMITTEE (In Full) |
| Hoeven for Senate           |

Full Name (Last, First, Middle Initial)

### A. PRESORT PLUS

|   |   |             |  |   |   |      |   |   |   |   |   |   |   |    |  |  |    |  |  |      |  |  |  |
|---|---|-------------|--|---|---|------|---|---|---|---|---|---|---|----|--|--|----|--|--|------|--|--|--|
| Mailing Address PO BOX 1555   |   |             | Date of Disbursement<br><br><table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>10</td><td></td><td></td><td>10</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr></table> | M | M | /    | D | D | / | Y | Y | Y | Y | 10 |  |  | 10 |  |  | 2025 |  |  |  |
| M   | M   | /           | D  | D | / | Y    | Y | Y | Y |   |   |   |   |    |  |  |    |  |  |      |  |  |  |
| 10  |   |             | 10   |   |   | 2025 |   |   |   |   |   |   |   |    |  |  |    |  |  |      |  |  |  |
| City<br>BISMARCK  |   | State<br>ND | Zip Code<br>58502  |   |   |      |   |   |   |   |   |   |   |    |  |  |    |  |  |      |  |  |  |
| Purpose of Disbursement<br>PRINTING   |   |             |  |   |   |      |   |   |   |   |   |   |   |    |  |  |    |  |  |      |  |  |  |
| Candidate Name  |   |             | Category/<br>Type  |   |   |      |   |   |   |   |   |   |   |    |  |  |    |  |  |      |  |  |  |
| Office Sought:<br><br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |  |   |   |      |   |   |   |   |   |   |   |    |  |  |    |  |  |      |  |  |  |
| State:<br>District:   |   |             |  |   |   |      |   |   |   |   |   |   |   |    |  |  |    |  |  |      |  |  |  |

Full Name (Last, First, Middle Initial)

### B. THE BISMARCK TRIBUNE

|   |   |             |  |   |   |      |   |   |   |   |   |   |   |    |  |  |    |  |  |      |  |  |  |
|---|---|-------------|--|---|---|------|---|---|---|---|---|---|---|----|--|--|----|--|--|------|--|--|--|
| Mailing Address PO BOX 5516   |   |             | Date of Disbursement<br><br><table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>10</td><td></td><td></td><td>10</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr></table> | M | M | /    | D | D | / | Y | Y | Y | Y | 10 |  |  | 10 |  |  | 2025 |  |  |  |
| M   | M   | /           | D  | D | / | Y    | Y | Y | Y |   |   |   |   |    |  |  |    |  |  |      |  |  |  |
| 10  |   |             | 10   |   |   | 2025 |   |   |   |   |   |   |   |    |  |  |    |  |  |      |  |  |  |
| City<br>BISMARCK  |   | State<br>ND | Zip Code<br>58506  |   |   |      |   |   |   |   |   |   |   |    |  |  |    |  |  |      |  |  |  |
| Purpose of Disbursement<br>SUBSCRIPTION   |   |             |  |   |   |      |   |   |   |   |   |   |   |    |  |  |    |  |  |      |  |  |  |
| Candidate Name  |   |             | Category/<br>Type  |   |   |      |   |   |   |   |   |   |   |    |  |  |    |  |  |      |  |  |  |
| Office Sought:<br><br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |  |   |   |      |   |   |   |   |   |   |   |    |  |  |    |  |  |      |  |  |  |
| State:<br>District:   |   |             |  |   |   |      |   |   |   |   |   |   |   |    |  |  |    |  |  |      |  |  |  |

Full Name (Last, First, Middle Initial)

### C. SKIES322

|   |   |             |  |   |   |      |   |   |   |   |   |   |   |    |  |  |    |  |  |      |  |  |  |
|---|---|-------------|--|---|---|------|---|---|---|---|---|---|---|----|--|--|----|--|--|------|--|--|--|
| Mailing Address 322 DEMERS AVE  |   |             | Date of Disbursement<br><br><table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>10</td><td></td><td></td><td>14</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr></table> | M | M | /    | D | D | / | Y | Y | Y | Y | 10 |  |  | 14 |  |  | 2025 |  |  |  |
| M   | M   | /           | D  | D | / | Y    | Y | Y | Y |   |   |   |   |    |  |  |    |  |  |      |  |  |  |
| 10  |   |             | 14   |   |   | 2025 |   |   |   |   |   |   |   |    |  |  |    |  |  |      |  |  |  |
| City<br>GRAND FORKS   |   | State<br>ND | Zip Code<br>58201  |   |   |      |   |   |   |   |   |   |   |    |  |  |    |  |  |      |  |  |  |
| Purpose of Disbursement<br>FOOD/BEVERAGE  |   |             |  |   |   |      |   |   |   |   |   |   |   |    |  |  |    |  |  |      |  |  |  |
| Candidate Name  |   |             | Category/<br>Type  |   |   |      |   |   |   |   |   |   |   |    |  |  |    |  |  |      |  |  |  |
| Office Sought:<br><br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |  |   |   |      |   |   |   |   |   |   |   |    |  |  |    |  |  |      |  |  |  |
| State:<br>District:   |   |             |  |   |   |      |   |   |   |   |   |   |   |    |  |  |    |  |  |      |  |  |  |

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

710.12

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

# SCHEDULE B (FEC Form 3)

## ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

17  18  19a  19b  
20a  20b  20c  21

PAGE 22 OF 32

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NAME OF COMMITTEE (In Full)

Hoeven for Senate

Full Name (Last, First, Middle Initial)

### A. USPS

Mailing Address 220 E ROSSER AVE ROOM 112

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>BISMARCK | State<br>ND | Zip Code<br>58501-9998 |
|------------------|-------------|------------------------|

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

|   |  |
|---|--|
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br>Other (specify) ▼ |
|---|--|

State: District:

Date of Disbursement

M M 10 /  D D 14 /  Y Y Y Y Y 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

1080.00

Transaction ID : SB.11

Memo Item

Full Name (Last, First, Middle Initial)

### B. USPS

Mailing Address 220 E ROSSER AVE ROOM 112

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>BISMARCK | State<br>ND | Zip Code<br>58501-9998 |
|------------------|-------------|------------------------|

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

|   |  |
|---|--|
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br>Other (specify) ▼ |
|---|--|

State: District:

Date of Disbursement

M M 10 /  D D 14 /  Y Y Y Y Y 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

370.00

Transaction ID : SB.9

Memo Item

Full Name (Last, First, Middle Initial)

### C. EM RAHAL AND CO

Mailing Address 4101 CATHEDRAL AVE NW #707

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>WASHINGTON | State<br>DC | Zip Code<br>20016 |
|--------------------|-------------|-------------------|

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

|   |  |
|---|--|
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br>Other (specify) ▼ |
|---|--|

State: District:

Date of Disbursement

M M 10 /  D D 20 /  Y Y Y Y Y 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

7018.65

Transaction ID : SB.13

Memo Item

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

8468.65

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

# SCHEDULE B (FEC Form 3)

## ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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|                             |
|-----------------------------|
| NAME OF COMMITTEE (In Full) |
| Hoeven for Senate           |

Full Name (Last, First, Middle Initial)

**A. ODNEY**

Mailing Address PO BOX 2035

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>BISMARCK | State<br>ND | Zip Code<br>58502 |
|------------------|-------------|-------------------|

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Date of Disbursement

M M /  D D /  Y Y Y Y  
10 20 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

4490.00

Transaction ID : SB.12

Memo Item

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  
 General  
Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. VONAGE**

Mailing Address 101 CRAWFORDS CORNER RD

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>HOLMDEL | State<br>NJ | Zip Code<br>07733 |
|-----------------|-------------|-------------------|

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Date of Disbursement

M M /  D D /  Y Y Y Y Y  
10 20 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

48.80

Transaction ID : SB.14

Memo Item

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  
 General  
Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. INTUIT**

Mailing Address 2700 COAST AVE

|                       |             |                   |
|-----------------------|-------------|-------------------|
| City<br>MOUNTAIN VIEW | State<br>CA | Zip Code<br>94043 |
|-----------------------|-------------|-------------------|

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Date of Disbursement

M M /  D D /  Y Y Y Y  
10 21 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

80.50

Transaction ID : SB.15

Memo Item

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  
 General  
Other (specify) ▼

State: District:

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

4619.30

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

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

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

 FOR LINE NUMBER:  
 (check only one)

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NAME OF COMMITTEE (In Full)

Hoeven for Senate

Full Name (Last, First, Middle Initial)

**A. SEMINARY, DEBORAH, , ,**

Mailing Address 866 RANIA WAY WEST

 City  
 WEST FARGO

 State  
 ND

 Zip Code  
 58078

 Purpose of Disbursement  
 FINANCE CONSULTING

Candidate Name

 Category/  
 Type

 Office Sought:  
 House  
 Senate  
 President

 Disbursement For:  
 Primary  
 General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. MICROSOFT**

Mailing Address ONE MICROSOFT WAY

 City  
 REDMOND

 State  
 WA

 Zip Code  
 98052

 Purpose of Disbursement  
 SUBSCRIPTION

Candidate Name

 Category/  
 Type

 Office Sought:  
 House  
 Senate  
 President

 Disbursement For:  
 Primary  
 General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. RIGHTSIDE COMPLIANCE LLC**

Mailing Address PO BOX 341027

 City  
 AUSTIN

 State  
 TX

 Zip Code  
 78734

 Purpose of Disbursement  
 COMPLIANCE CONSULTING

Candidate Name

 Category/  
 Type

 Office Sought:  
 House  
 Senate  
 President

 Disbursement For:  
 Primary  
 General  
 Other (specify) ▼

State: District:

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

11769.69

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

# SCHEDULE B (FEC Form 3)

## ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

17  18  19a  19b  
20a  20b  20c  21

PAGE 25 OF 32

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|                             |
|-----------------------------|
| NAME OF COMMITTEE (In Full) |
| Hoeven for Senate           |

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL RD #400

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>VIENNA | State<br>VA | Zip Code<br>22182 |
|----------------|-------------|-------------------|

Purpose of Disbursement  
DATABASE MANAGEMENT SERVICE

Candidate Name

Date of Disbursement

|           |   |           |   |                   |
|-----------|---|-----------|---|-------------------|
| M M<br>11 | / | D D<br>07 | / | Y Y Y Y Y<br>2025 |
|-----------|---|-----------|---|-------------------|

|   |  |
|---|--|
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br>Other (specify) ▼ |
|---|--|

State: District:

Full Name (Last, First, Middle Initial)

FEC Identification Number

|   |
|---|
| C |
|---|

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Transaction ID : SB.20

Memo Item

**B. THE BISMARCK TRIBUNE**

Mailing Address PO BOX 5516

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>BISMARCK | State<br>ND | Zip Code<br>58506 |
|------------------|-------------|-------------------|

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Date of Disbursement

|           |   |           |   |                   |
|-----------|---|-----------|---|-------------------|
| M M<br>11 | / | D D<br>07 | / | Y Y Y Y Y<br>2025 |
|-----------|---|-----------|---|-------------------|

|   |  |
|---|--|
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br>Other (specify) ▼ |
|---|--|

State: District:

Full Name (Last, First, Middle Initial)

FEC Identification Number

|   |
|---|
| C |
|---|

Amount of Each Disbursement this Period

|       |
|-------|
| 39.99 |
|-------|

Transaction ID : SB.19

Memo Item

**C. VONAGE**

Mailing Address 101 CRAWFORDS CORNER RD

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>HOLMDEL | State<br>NJ | Zip Code<br>07733 |
|-----------------|-------------|-------------------|

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Date of Disbursement

|           |   |           |   |                   |
|-----------|---|-----------|---|-------------------|
| M M<br>11 | / | D D<br>20 | / | Y Y Y Y Y<br>2025 |
|-----------|---|-----------|---|-------------------|

|   |  |
|---|--|
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br>Other (specify) ▼ |
|---|--|

State: District:

FEC Identification Number

|   |
|---|
| C |
|---|

Amount of Each Disbursement this Period

|       |
|-------|
| 48.80 |
|-------|

Transaction ID : SB.21

Memo Item

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

|         |
|---------|
| 1088.79 |
|---------|

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

# SCHEDULE B (FEC Form 3)

## ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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PAGE 26 OF 32

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NAME OF COMMITTEE (In Full)

Hoeven for Senate

Full Name (Last, First, Middle Initial)

### A. INTUIT

Mailing Address 2700 COAST AVE

City  
MOUNTAIN VIEW

State  
CA

Zip Code  
94043

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Category/  
Type

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  
 General  
Other (specify) ▼

State: District:

Date of Disbursement

M M 11 /  D D 21 /  Y Y Y Y Y 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

80.50

Transaction ID : SB.22

Memo Item

Full Name (Last, First, Middle Initial)

### B. ANEDOT INC

Mailing Address 1340 POYDRAS ST STE 1770

City  
NEW ORLEANS

State  
LA

Zip Code  
70112

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Category/  
Type

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  
 General  
Other (specify) ▼

State: District:

Date of Disbursement

M M 11 /  D D 28 /  Y Y Y Y Y 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

140.30

Transaction ID : SB.23

Memo Item

Full Name (Last, First, Middle Initial)

### C. MICROSOFT

Mailing Address ONE MICROSOFT WAY

City  
REDMOND

State  
WA

Zip Code  
98052

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Category/  
Type

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  
 General  
Other (specify) ▼

State: District:

Date of Disbursement

M M 12 /  D D 02 /  Y Y Y Y Y 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

75.62

Transaction ID : SB.24

Memo Item

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

296.42

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

# SCHEDULE B (FEC Form 3)

## ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

17  18  19a  19b  
20a  20b  20c  21

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NAME OF COMMITTEE (In Full)

Hoeven for Senate

Full Name (Last, First, Middle Initial)

### A. RIGHTSIDE COMPLIANCE LLC

Mailing Address PO BOX 341027

City  
AUSTIN

State  
TX

Zip Code  
78734

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  
 General  
Other (specify) ▼

State: District:

Date of Disbursement

M M 12 /  D D 03 /  Y Y Y Y Y 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

180.00

Transaction ID : SB.25

Memo Item

Full Name (Last, First, Middle Initial)

### B. CONDOLENCES.COM

Mailing Address 2326 WASHINGTON BLVD #303

City  
OGDEN

State  
UT

Zip Code  
84409

Purpose of Disbursement  
FLOWERS

Candidate Name

Category/  
Type

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  
 General  
Other (specify) ▼

State: District:

Date of Disbursement

M M 12 /  D D 05 /  Y Y Y Y Y 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

170.21

Transaction ID : SB.27

Memo Item

Full Name (Last, First, Middle Initial)

### C. THE BISMARCK TRIBUNE

Mailing Address PO BOX 5516

City  
BISMARCK

State  
ND

Zip Code  
58506

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Category/  
Type

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  
 General  
Other (specify) ▼

State: District:

Date of Disbursement

M M 12 /  D D 05 /  Y Y Y Y Y 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

39.99

Transaction ID : SB.26

Memo Item

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

390.20

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

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

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

 FOR LINE NUMBER:  
 (check only one)

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NAME OF COMMITTEE (In Full)

Hoeven for Senate

Full Name (Last, First, Middle Initial)

**A. ANEDOT INC**

Mailing Address 1340 POYDRAS ST STE 1770

 City  
 NEW ORLEANS

 State  
 LA

 Zip Code  
 70112

 Purpose of Disbursement  
 CREDIT CARD PROCESSING FEE

Candidate Name

 Category/  
 Type

 Office Sought:  
 House  
 Senate  
 President

 Disbursement For:  
 Primary  
 General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. BISTRO CACAO**

Mailing Address 320 MASSACHUSETTS AVE NE

 City  
 WASHINGTON

 State  
 DC

 Zip Code  
 20002

 Purpose of Disbursement  
 FACILITY RENTAL

Candidate Name

 Category/  
 Type

 Office Sought:  
 House  
 Senate  
 President

 Disbursement For:  
 Primary  
 General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 SPRING HILL RD #400

 City  
 VIENNA

 State  
 VA

 Zip Code  
 22182

 Purpose of Disbursement  
 DATABASE MANAGEMENT SERVICE

Candidate Name

 Category/  
 Type

 Office Sought:  
 House  
 Senate  
 President

 Disbursement For:  
 Primary  
 General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M 12 / D D 06 / Y Y Y Y Y 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

20.30

Transaction ID : SB.28

Memo Item

Date of Disbursement

M M 12 / D D 09 / Y Y Y Y Y 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

834.00

Transaction ID : SB.30

Memo Item

Date of Disbursement

M M 12 / D D 09 / Y Y Y Y Y 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB.31

Memo Item

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

1854.30

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

1854.30

# SCHEDULE B (FEC Form 3)

## ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

17  18  19a  19b  
20a  20b  20c  21

PAGE 29 OF 32

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NAME OF COMMITTEE (In Full)

Hoeven for Senate

Full Name (Last, First, Middle Initial)

### A. IMAGE PRINTING INC

Mailing Address PO BOX 696

City  
BISMARCK

State  
ND

Zip Code  
58502

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  
 General  
Other (specify) ▼

State: District:

Date of Disbursement

M M 12 /  D D 11 /  Y Y Y Y Y 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

5217.44

Transaction ID : SB.32

Memo Item

Full Name (Last, First, Middle Initial)

### B. USPS

Mailing Address 220 E ROSSER AVE ROOM 112

City  
BISMARCK

State  
ND

Zip Code  
58501-9998

Purpose of Disbursement  
PO BOX RENTAL

Candidate Name

Category/  
Type

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  
 General  
Other (specify) ▼

State: District:

Date of Disbursement

M M 12 /  D D 15 /  Y Y Y Y Y 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

268.00

Transaction ID : SB.33

Memo Item

Full Name (Last, First, Middle Initial)

### C. ODNEY

Mailing Address PO BOX 2035

City  
BISMARCK

State  
ND

Zip Code  
58502

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/  
Type

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  
 General  
Other (specify) ▼

State: District:

Date of Disbursement

M M 12 /  D D 17 /  Y Y Y Y Y 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

4815.00

Transaction ID : SB.34

Memo Item

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

10300.44

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

# SCHEDULE B (FEC Form 3)

## ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

17  18  19a  19b  
20a  20b  20c  21

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NAME OF COMMITTEE (In Full)

Hoeven for Senate

Full Name (Last, First, Middle Initial)

**A. WALMART**

Mailing Address 702 SW 8TH ST

City BENTONVILLE State AK Zip Code 72716

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Date of Disbursement

M M 12 / D D 18 / Y Y Y Y Y  
2025

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

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

208.72

Transaction ID : SB.35

Memo Item

Full Name (Last, First, Middle Initial)

**B. INTUIT**

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Date of Disbursement

M M 12 / D D 22 / Y Y Y Y Y  
2025

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

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

80.50

Transaction ID : SB.38

Memo Item

Full Name (Last, First, Middle Initial)

**C. LEX POLITICA**

Mailing Address #129 7415 SW PKWY BLDG 6 STE 500

City AUSTIN State TX Zip Code 78735

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Date of Disbursement

M M 12 / D D 22 / Y Y Y Y Y  
2025

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

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

187.50

Transaction ID : SB.36

Memo Item

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

476.72

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

# SCHEDULE B (FEC Form 3)

## ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

17  18  19a  19b  
20a  20b  20c  21

PAGE 31 OF 32

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NAME OF COMMITTEE (In Full)

Hoeven for Senate

Full Name (Last, First, Middle Initial)

**A. VONAGE**

Mailing Address 101 CRAWFORDS CORNER RD

City  
HOLMDEL

State

Zip Code

07733

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Category/  
Type

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  
 General  
Other (specify) ▼

State: District:

Date of Disbursement

M M 12 /  D D 22 /  Y Y Y Y Y 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

49.17

Transaction ID : SB.37

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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 Y

FEC Identification Number

C

Amount of Each Disbursement this Period

49.17

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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 Y

FEC Identification Number

C

Amount of Each Disbursement this Period

49.17

Memo Item

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

49.17

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

47450.71

**SCHEDULE C (FEC Form 3)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 32 OF 32  
FOR LINE NUMBER:  
(check only one) 13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L1

Hoeven for Senate

**LOAN SOURCE** Full Name (Last, First, Middle Initial) Memo Item

Hoeven, John, , ,

Mailing Address

PO Box 2572

City

Bismarck

State

ND

ZIP Code

58502-2572

Election: 2010

 Primary  
 General  
 Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

100000.00

0.00

100000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M  
01D D  
12Y Y Y Y  
2010

M M

D D

Y Y Y Y  
None

0.00

% (apr)

 Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional).....►

100000.00

**TOTALS** This Period (last page in this line only).....►

100000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.