

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
North Dakota Republican Party

ADDRESS (number and street) 1029 N. 5th Street
Check if different than previously reported. (ACC) Bismarck ND 58501

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00018929 3. IS THIS REPORT NEW (N) OR AMENDED (A) AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [09] / [01] / [2018] through [09] / [30] / [2018]

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Hacker, Nicholas, , ,
Type or Print Name of Treasurer

Signature of Treasurer Hacker, Nicholas, , , [Electronically Filed] Date [11] / [19] / [2018]

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

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="87525.98"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="536993.10"/>	<input type="text" value="1152533.40"/>
(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="624519.08"/>	<input type="text" value="1157927.55"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="256383.09"/>	<input type="text" value="789791.56"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="368135.99"/>	<input type="text" value="368135.99"/>
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="0.00"/>	

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).....	83985.00	246051.27
(ii) Unitemized	25057.59	173567.90
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	109042.59	419619.17
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	15000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	109042.59	434619.17
12. Transfers From Affiliated/Other Party Committees.....	396968.36	634052.30
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).....	0.00	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	3850.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	30632.15	78814.11
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	30632.15	78814.11
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	536993.10	1152533.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	506360.95	1073719.29

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	2764.74	23807.06
(ii) Non-Federal Share.....	10400.66	89559.65
(b) Other Federal Operating Expenditures	57335.22	241589.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	70500.62	354956.04
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)	148249.62	220785.17
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	37632.85	203365.85
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	37632.85	203365.85
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	256383.09	789791.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	245982.43	700231.91

DETAILED SUMMARY PAGE
of Disbursements

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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)	109042.59	434619.17
34. Total Contribution Refunds (from Line 28(d))	0.00	609.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	109042.59	434009.67
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	60099.96	265396.39
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	1197.82
38. Net Operating Expenditures (subtract Line 37 from Line 36)	60099.96	264198.57

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

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

FOR LINE NUMBER: PAGE 6 OF 152
(check only one)
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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. ANDERSON, RONALD, A., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10891-33RD ST NW
 City KEENE State ND Zip Code 58847-9443
 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 ▼ 500.00

Date of Receipt 09 / 17 / 2018
Transaction ID : SA11A.336
 Amount of Each Receipt this Period 300.00
 Memo Item CONTRIBUTION

B. ANDREWS, MARK, , , II
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2890 SAFFRON DR. S. APT. 3015 APT 3015
 City FARGO State ND Zip Code 58104-7836
 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 ▼ 485.00

Date of Receipt 09 / 17 / 2018
Transaction ID : SA11A.247
 Amount of Each Receipt this Period 200.00
 Memo Item CONTRIBUTION

C. BAKKEN, ARTHUR, O., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1963 PRAIRIE ROSE CT.
 City GRAND FORKS State ND Zip Code 58201-5897
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PRO TRANSPORT Occupation (for Individual) TRANSPORTATION
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 24 / 2018
Transaction ID : SA11A.521
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 1500.00
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 7 OF 152
(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

A. BAVENDICK, GREG, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3213 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) SELF-EMPLOYED Occupation (for Individual) PETROLEUM LANDMAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 14 / 2018
Transaction ID : SA11A.146
 Amount of Each Receipt this Period 150.00
 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: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 09 / 17 / 2018
Transaction ID : SA11A.301
 Amount of Each Receipt this Period 400.00
 Memo Item CONTRIBUTION

C. BILLADEAU, LYNN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2240 69TH AVE NW
 City PARSHALL State ND Zip Code 58770-9666
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) FARMER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 26 / 2018
Transaction ID : SA11A.47238
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 1550.00
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 152
	<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. BJRKE, HARLYNN, N., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 144

City ADAMS	State ND	Zip Code 58210-0144
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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 ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		13		2018

Transaction ID : SA11A.8

Amount of Each Receipt this Period
140.00

Memo Item
CONTRIBUTION

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

Mailing Address P.O. BOX 238

City BOTTINEAU	State ND	Zip Code 58318-0238
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) DC MANAGEMENT	Occupation (for Individual) MANAGER
--	--

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
09		28		2018

Transaction ID : SA11A.47299

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address P.O. BOX 1273

City MINOT	State ND	Zip Code 58702-1273
---------------	-------------	------------------------

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 ▼
1036.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		17		2018

Transaction ID : SA11A.244

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	890.00
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

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

A. CULP, AUSTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 3RD AVE S
 City FARGO State ND Zip Code 58103-1711
 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 09 / 14 / 2018
Transaction ID : SA11A.113
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. 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 ▼ 595.00

Date of Receipt 09 / 13 / 2018
Transaction ID : SA11A.10
 Amount of Each Receipt this Period 305.00
 Memo Item CONTRIBUTION

C. FEENEY, CHARLES, L., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2501 30TH AVE S, APT 202 #202
 City FARGO State ND Zip Code 58103-6128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CITIZENS STATE BANK Occupation (for Individual) BANKING
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 09 / 19 / 2018
Transaction ID : SA11A.395
 Amount of Each Receipt this Period 200.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 755.00
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

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

A. FERCHO, CALVIN, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2525 E COUNTRY CLUB DR. S
 City FARGO State ND Zip Code 58103-5732
 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 ▼ 290.00

Date of Receipt 09 / 17 / 2018
Transaction ID : SA11A.218
 Amount of Each Receipt this Period 165.00
 Memo Item CONTRIBUTION

B. FLIGINGER, MARK , , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1532 SCHOONER PL
 City BISMARCK State ND Zip Code 58504-8981
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CODY OIL AND GAS Occupation (for Individual) OIL PRODUCER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 09 / 20 / 2018
Transaction ID : SA11A.433
 Amount of Each Receipt this Period 5000.00
 Memo Item CONTRIBUTION

C. FLIGINGER, MARK , , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1532 SCHOONER PL
 City BISMARCK State ND Zip Code 58504-8981
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CODY OIL AND GAS Occupation (for Individual) OIL PRODUCER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 09 / 20 / 2018
Transaction ID : SA11A.434
 Amount of Each Receipt this Period 5000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 10165.00
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 152
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

A. FORTNEY, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4208 OVERLAND RD
 City BISMARCK State ND Zip Code 58503-8839
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 17 / 2018
Transaction ID : SA11A.302
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. FORWARD, JEFF, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 436 N 10TH ST
 City OAKES State ND Zip Code 58474-1011
 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 ▼ 1000.00

Date of Receipt 09 / 17 / 2018
Transaction ID : SA11A.217
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

C. FREEMAN, CAROL, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2914 124TH AVE S
 City HORACE State ND Zip Code 58047-9719
 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 09 / 17 / 2018
Transaction ID : SA11A.316
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00
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

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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

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

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 ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2018

Transaction ID : SA11A.556

Amount of Each Receipt this Period
 50.00

Memo Item CONTRIBUTION

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

Mailing Address 2575 STATES BLVD

City DICKINSON State ND Zip Code 58601-8833

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2018

Transaction ID : SA11A.522

Amount of Each Receipt this Period
 500.00

Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. HAGEN, BRIAN, O., MR.,

Mailing Address 680 42ND AVE W

City WEST FARGO State ND Zip Code 58078-8276

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

Name of Employer (for Individual) FIRST INTERNATIONAL BANK & TRUST Occupation (for Individual) BANKER

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2018

Transaction ID : SA11A.11

Amount of Each Receipt this Period
 135.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 685.00

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

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

A. HANDEGARD, KYLE, B., MRS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 217 14TH AVE. W.
 City WEST FARGO State ND Zip Code 58078-2796
 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 ▼ 1000.00

Date of Receipt 09 / 28 / 2018
Transaction ID : SA11A.47291
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

B. HANSEN, RANDY, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 416 FRAINE BARRACKS RD
 City BISMARCK State ND Zip Code 58504-5231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RANDY HANSEN DESIGN COMPANY Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 24 / 2018
Transaction ID : SA11A.535
 Amount of Each Receipt this Period 160.00
 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 ▼ 245.00

Date of Receipt 09 / 02 / 2018
Transaction ID : SA11A.46884
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 685.00
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

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. HAUGEN, MILDRED, L., ,

Mailing Address 613 14TH ST W

City WILLISTON State ND Zip Code 58801-4029

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
09 / 21 / 2018
Transaction ID : SA11A.486

Amount of Each Receipt this Period
125.00

Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. HEINLE, LARRY, J., MR.,

Mailing Address 3404 BALTUS LN, #3 #3

City BISMARCK State ND Zip Code 58501-5469

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

Name of Employer (for Individual) SCHOOL PRODUCTS & EQUIPMENT CO Occupation (for Individual) SALES/MANAGEMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
09 / 17 / 2018
Transaction ID : SA11A.223

Amount of Each Receipt this Period
50.00

Memo Item CONTRIBUTION

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

Mailing Address 2019 ROSE CREEK DR. S

City FARGO State ND Zip Code 58104-6804

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

Name of Employer (for Individual) NORWEST BANK/NORTH DAKOTA Occupation (for Individual) TRUST BANKER

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
375.00

Date of Receipt
09 / 21 / 2018
Transaction ID : SA11A.457

Amount of Each Receipt this Period
125.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

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

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

A. HERREID, WARREN, G., MR., II
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4305 TRILLIUM WAY
 City MINNETRISTA State MN Zip Code 55364-7708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KAHR & ASSOCIATES, INC. Occupation (for Individual) CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 24 / 2018
Transaction ID : SA11A.511
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

B. HILDAHL, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1300 37TH AVE SW
 City MINOT State ND Zip Code 58701-7240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 14 / 2018
Transaction ID : SA11A.63
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. JEROME, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1308B EMPIRE ROAD
 City DICKINSON State ND Zip Code 58601-3615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JEROME DISTRIBUTING Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 21 / 2018
Transaction ID : SA11A.464
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00
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

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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. JOHNSEN, CONNIE, C., MRS.,

Mailing Address 96 COUNTRY CLUB DR.

City BISMARCK State ND Zip Code 58501-9374

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 ▼
 235.00

Date of Receipt
 09 / 14 / 2018
Transaction ID : SA11A.143

Amount of Each Receipt this Period
 135.00

Memo Item
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. JONES, NORMAN, M., MR.,

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 ▼
 9700.00

Date of Receipt
 09 / 17 / 2018
Transaction ID : SA11A.369

Amount of Each Receipt this Period
 9000.00

Memo Item
 CONTRIBUTION

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

Mailing Address 120 2ND ST SE

City DICKINSON State ND Zip Code 58601-5627

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 ▼
 525.00

Date of Receipt
 09 / 24 / 2018
Transaction ID : SA11A.505

Amount of Each Receipt this Period
 200.00

Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 9335.00

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 17 OF 152
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. KELLER, DICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 909 BASIN AVE
 City BISMARCK State ND Zip Code 58504-6648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 14 / 2018
Transaction ID : SA11A.79
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

B. KJOS, MONTE, W., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 10976
 City FARGO State ND Zip Code 58106-0976
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) REAL ESTATE BROKER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 14 / 2018
Transaction ID : SA11A.134
 Amount of Each Receipt this Period 400.00
 Memo Item
 CONTRIBUTION

C. KREIN, KENNETH, W., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8348 44TH ST SW
 City RICHARDTON State ND Zip Code 58652-9467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) FARMING/RANCHING
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 17 / 2018
Transaction ID : SA11A.297
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1650.00
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

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

A. KRIEG, GUY, R., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 408
 City FARGO State ND Zip Code 58107-0408
 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 ▼ 625.00

Date of Receipt 09 / 14 / 2018
Transaction ID : SA11A.109
 Amount of Each Receipt this Period 125.00
 Memo Item CONTRIBUTION

B. LAHTINEN, LUKE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 518
 City NEW TOWN State ND Zip Code 58763-0518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) FARMER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 21 / 2018
Transaction ID : SA11A.490
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. LARSON, ALLEN, L., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 227
 City LIGNITE State ND Zip Code 58752-0227
 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 ▼ 500.00

Date of Receipt 09 / 21 / 2018
Transaction ID : SA11A.488
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 875.00
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

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

A. LARSON, FRANK, G., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11686 RIVER RD
 City VALLEY CITY State ND Zip Code 58072-9704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 17 / 2018
Transaction ID : SA11A.340
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

B. LEGENFELDER, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6251 RIDGEDALE ST
 City BISMARCK State ND Zip Code 58503-6202
 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 09 / 21 / 2018
Transaction ID : SA11A.501
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. LONG, JONATHAN, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 537 36TH AVE WEST
 City WEST FARGO State ND Zip Code 58078-8196
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BNSF RAILWAY Occupation (for Individual) MANAGER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 530.00

Date of Receipt 09 / 24 / 2018
Transaction ID : SA11A.550
 Amount of Each Receipt this Period 150.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
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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 ▼ 420.00

Date of Receipt 09 / 24 / 2018
Transaction ID : SA11A.512
 Amount of Each Receipt this Period 105.00
 Memo Item CONTRIBUTION

B. MASSET, PETER, A., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 331
 City BISMARCK State ND Zip Code 58502-0331
 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 ▼ 240.00

Date of Receipt 09 / 17 / 2018
Transaction ID : SA11A.241
 Amount of Each Receipt this Period 120.00
 Memo Item CONTRIBUTION

C. MATTHEIS, LEONA, , MRS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 170 55TH AVE NW
 City HAZEN State ND Zip Code 58545-9400
 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 09 / 17 / 2018
Transaction ID : SA11A.304
 Amount of Each Receipt this Period 125.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 350.00
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

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

A. MCCANNA, RALPH, J., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2096 39TH ST NE
 City MCCANNA State ND Zip Code 58251-9542
 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 09 / 24 / 2018
Transaction ID : SA11A.520
 Amount of Each Receipt this Period 250.00
 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 ▼ 325.00

Date of Receipt 09 / 05 / 2018
Transaction ID : SA11A.712
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

C. MCLAEN, STEVEN, D., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 9
 City FORMAN State ND Zip Code 58032-0009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SARGENT COUNTY BANK Occupation (for Individual) BANKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 10 / 2018
Transaction ID : SA11A.1523
 Amount of Each Receipt this Period 200.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00
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

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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

A. MCNELIS, JOSEPH, , DR., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4711 2ND ST E
 City WEST FARGO State ND Zip Code 58078-8203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SANFORD HEALTH Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt 09 / 14 / 2018
Transaction ID : SA11A.111
 Amount of Each Receipt this Period 2500.00
 Memo Item CONTRIBUTION

B. MELAND, RICKI, A., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 514 S HOUGEN ST
 City NORTHWOOD State ND Zip Code 58267-4318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MELAND LBR. CO. Occupation (for Individual) BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 14 / 2018
Transaction ID : SA11A.38
 Amount of Each Receipt this Period 200.00
 Memo Item CONTRIBUTION

C. MILLER, GARY, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2808 PROMONOTORY DR.
 City BISMARCK State ND Zip Code 58503-0820
 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 09 / 21 / 2018
Transaction ID : SA11A.447
 Amount of Each Receipt this Period 150.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 2850.00
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

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

A. MOSTAD, JAMES, ALLEN, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6101 COUNTY RD 19 S
 City MINOT State ND Zip Code 58701-2328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 09 / 19 / 2018
Transaction ID : SA11A.384
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. MOSTAD, JAMES, ALLEN, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6101 COUNTY RD 19 S
 City MINOT State ND Zip Code 58701-2328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 09 / 19 / 2018
Transaction ID : SA11A.385
 Amount of Each Receipt this Period 125.00
 Memo Item CONTRIBUTION

C. NESET, KATHLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6853 102ND AVE NW
 City TIOGA State ND Zip Code 58852-9406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 NESET GEOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 21 / 2018
Transaction ID : SA11A.492
 Amount of Each Receipt this Period 2500.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 2875.00
TOTAL This Period (last page this line number only).....▶

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

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	<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. NICHOLAS, GENE, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 505 BROADWAY N #302

City FARGO	State ND	Zip Code 58102-4487
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2018

Transaction ID : SA11A.714

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 7025 16TH ST SE

City GRAND FORKS	State ND	Zip Code 58201-8342
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CANCER CENTER OF NORTH DAKOTA	Occupation (for Individual) PHYSICIAN
--	--

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
09		18		2018

Transaction ID : SA11A.420

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. NYGAARD, LYNETTE, R., MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 504 WELLINGTON CT

City WEST FARGO	State ND	Zip Code 58078-4237
--------------------	-------------	------------------------

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

Name of Employer (for Individual) MERCY HOSPITAL	Occupation (for Individual) NURSE
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : SA11A.37

Amount of Each Receipt this Period
750.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	2000.00
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

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(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

A. OYHUS, DALE, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13973 FRANKS CREEK RD
 City MEDORA State ND Zip Code 58645-9700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) CATTLE RANCHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 24 / 2018
Transaction ID : SA11A.532
 Amount of Each Receipt this Period 90.00
 Memo Item CONTRIBUTION

B. PAHLKE, DALE, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 4010 1727 STATE STREET
 City BISMARCK State ND Zip Code 58502-4010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DAKOTA COMMUNITY BANK Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 6000.00

Date of Receipt 09 / 06 / 2018
Transaction ID : SA11A.931
 Amount of Each Receipt this Period 5000.00
 Memo Item CONTRIBUTION

C. PARIS, JACK, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 597
 City BISMARCK State ND Zip Code 58502-0597
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CODY EXPLORATION LLC Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 14 / 2018
Transaction ID : SA11A.159
 Amount of Each Receipt this Period 5000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 10090.00
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

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

A. PEDERSON, CARLA, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1115 9TH ST. S.
 City GRAND FORKS State ND Zip Code 58201-5569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HUB INTERNATIONAL Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt 09 / 17 / 2018
Transaction ID : SA11A.327
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. PETERSON, JULIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3104 164TH AVE SE
 City HARWOOD State ND Zip Code 58042-9732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PETERSON FARM SEED Occupation (for Individual) MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 15 / 2018
Transaction ID : SA11A.45
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

C. REICH, DONNA, , MRS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4181 82ND AVE SW
 City RICHARDTON State ND Zip Code 58652-9470
 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 ▼ 1125.00

Date of Receipt 09 / 17 / 2018
Transaction ID : SA11A.303
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00
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 27 OF 152
	<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. REID, TAYLOR, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 402 SHADYWOOD RD.
 City HOUSTON State TX Zip Code 77057-1420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OASIS PETROLEUM Occupation (for Individual) CHIEF EXECUTIVE OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 09 / 24 / 2018
Transaction ID : SA11A.503
 Amount of Each Receipt this Period 10000.00
 Memo Item
CONTRIBUTION

B. RICHTER, CHARLES, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 13TH ST. N. APT. 115 APT 115
 City NEW ROCKFORD State ND Zip Code 58356-1442
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) TRUCKING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 09 / 13 / 2018
Transaction ID : SA11A.7
 Amount of Each Receipt this Period 200.00
 Memo Item
CONTRIBUTION

C. RICHTER, STEVE, J., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 95 COUNTY 29 SW
 City HAZEN State ND Zip Code 58545-9385
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GREAT RIVER ENERGY Occupation (for Individual) MAINTENANCE SUPERVISOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 09 / 21 / 2018
Transaction ID : SA11A.487
 Amount of Each Receipt this Period 140.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	10340.00
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 28 OF 152
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

A. ROLFSON, LAURENTZ, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 331 NOVA DR
 City BISMARCK State ND Zip Code 58503-1155
 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 09 / 17 / 2018
Transaction ID : SA11A.234
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. SANDSTROM, JAYE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3060 94TH AVE NW
 City NEW TOWN State ND Zip Code 58763-9534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JMS CONSULTING Occupation (for Individual) CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 27 / 2018
Transaction ID : SA11A.47280
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. SAXERUD, MORRIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 433
 City LISBON State ND Zip Code 58054-0433
 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 ▼ 570.00

Date of Receipt 09 / 14 / 2018
Transaction ID : SA11A.103
 Amount of Each Receipt this Period 570.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 1070.00
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

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(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

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

Mailing Address P.O. BOX 154

City HEBRON State ND Zip Code 58638-0154

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

Name of Employer (for Individual) DAKOTA COMMUNITY BANK Occupation (for Individual) BANKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 09 / 06 / 2018
Transaction ID : SA11A.930

Amount of Each Receipt this Period
 5000.00

Memo Item
 CONTRIBUTION

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

Mailing Address 1200 HARWOOD DR. S.

City FARGO State ND Zip Code 58104-6298

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 ▼
 400.00

Date of Receipt
 09 / 17 / 2018
Transaction ID : SA11A.366

Amount of Each Receipt this Period
 100.00

Memo Item
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. SCHOCK, MARTIN, R., MR.,

Mailing Address 1121 N 29TH ST

City BISMARCK State ND Zip Code 58501-3160

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
 09 / 17 / 2018
Transaction ID : SA11A.238

Amount of Each Receipt this Period
 50.00

Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 5150.00

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 30 OF 152
	<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. SCHWANKE, KEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 404 25TH ST. S.
 City FARGO State ND Zip Code 58103-2307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) QUALITY AUTO BODY SHOP Occupation (for Individual) BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 12 / 2018
Transaction ID : SA11A.580
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

B. SMITH, BRYAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7725 70TH ST S
 City HORACE State ND Zip Code 58047-9731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FIRST INTERNATIONAL BANK Occupation (for Individual) CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 15 / 2018
Transaction ID : SA11A.50
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

C. STREMICK, STEVEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1155 13TH AVE. S.
 City FARGO State ND Zip Code 58103-4135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) WEALTH MANAGER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 12 / 2018
Transaction ID : SA11A.581
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1600.00
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

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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

A. STREYLE, DEWAYNE, D., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5036 PROSPERITY WAY S.
 City FARGO State ND Zip Code 58104-7567
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) UNITED COMMUNITY BANK ND Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 09 / 28 / 2018
Transaction ID : SA11A.47302
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

B. STREYLE, KEITH , , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 520 3RD ST SE
 City LEEDS State ND Zip Code 58346-7116
 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 ▼ 10000.00

Date of Receipt 09 / 27 / 2018
Transaction ID : SA11A.47263
 Amount of Each Receipt this Period 5000.00
 Memo Item CONTRIBUTION

C. STREYLE, KEITH , , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 520 3RD ST SE
 City LEEDS State ND Zip Code 58346-7116
 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 ▼ 10000.00

Date of Receipt 09 / 27 / 2018
Transaction ID : SA11A.47264
 Amount of Each Receipt this Period 5000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 11000.00
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

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 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 ▼ 411.50

Date of Receipt 09 / 14 / 2018
Transaction ID : SA11A.144
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

B. WADHOLM, ARLYN, , MRS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8951 32ND ST NW
 City NEW TOWN State ND Zip Code 58763-9513
 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 ▼ 1000.00

Date of Receipt 09 / 27 / 2018
Transaction ID : SA11A.47283
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

C. WANNER, DAVID, N., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4035 HWY 22
 City DICKINSON State ND Zip Code 58601-9509
 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 09 / 14 / 2018
Transaction ID : SA11A.66
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1600.00
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

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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
North Dakota Republican Party

A. WARDNER, RICHARD, , SEN.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1042 12TH AVE W
 City DICKINSON State ND Zip Code 58601-3654
 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 ▼ 1120.00

Date of Receipt 09 / 19 / 2018
Transaction ID : SA11A.389
 Amount of Each Receipt this Period 520.00
 Memo Item CONTRIBUTION

B. WHITE, MARTIN, A., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3308 46TH AVE SE
 City MANDAN State ND Zip Code 58554-4730
 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 ▼ 450.00

Date of Receipt 09 / 26 / 2018
Transaction ID : SA11A.47230
 Amount of Each Receipt this Period 350.00
 Memo Item CONTRIBUTION

C. WHITE, MARTIN, A., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3308 46TH AVE SE
 City MANDAN State ND Zip Code 58554-4730
 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 ▼ 450.00

Date of Receipt 09 / 26 / 2018
Transaction ID : SA11A.47231
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 970.00
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 34 OF 152
(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. WILHITE, TOM, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1205 E. FRONT AVE.
 City BISMARCK State ND Zip Code 58504-5656
 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 ▼ 530.00

Date of Receipt 09 / 19 / 2018
Transaction ID : SA11A.376
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. ZANDER, DAVID, J., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1718 28TH ST W
 City WILLISTON State ND Zip Code 58801-2406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ASTRO-CHEM LAB, INC. Occupation (for Individual) CHEMICAL ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 14 / 2018
Transaction ID : SA11A.55
 Amount of Each Receipt this Period 150.00
 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).....▶	400.00
TOTAL This Period (last page this line number only).....▶	83985.00

**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 35 OF 152
<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. CRAMER VICTORY FUND
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 26141

City ALEXANDRIA	State VA	Zip Code 22313-6141
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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 ▼
81750.13

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2018

Transaction ID : SA12.47315

Amount of Each Receipt this Period
54047.31

Memo Item
TRANSFER

TRANSFER OF JOINT FUNDRAISING PROCEEDS

B. BERGAN, MARY, A., MRS.,
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) HOMEMAKER	Occupation (for Individual) HOMEMAKER
--	--

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
09	/	06	/	2018

Transaction ID : SA12.47318

Amount of Each Receipt this Period
10000.00

Memo Item
TRANSFER

JFC ATTRIB: CRAMER VICTORY FUND

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

Mailing Address 518 17TH ST STE 1525

City DENVER	State CO	Zip Code 80202-4124
----------------	-------------	------------------------

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

Name of Employer (for Individual) PETROGULF CORPORATION	Occupation (for Individual) GEOLOGIST
--	--

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
09	/	05	/	2018

Transaction ID : SA12.47316

Amount of Each Receipt this Period
10000.00

Memo Item
TRANSFER

JFC ATTRIB: CRAMER VICTORY FUND

SUBTOTAL of Receipts This Page (optional).....	54047.31
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 36 OF 152
<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. NEAL, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 623 8TH STREET S
 City FARGO State ND Zip Code 58103-2717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RD OFFUTT COMPANY Occupation (for Individual) VP REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 09 / 06 / 2018
Transaction ID : SA12.47320
 Amount of Each Receipt this Period 10000.00
 Memo Item
 TRANSFER
 JFC ATTRIB: CRAMER VICTORY FUND

B. SCHEEL, EILEEN, BINGHAM, MRS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3900 RIVER OAK CIR
 City MOORHEAD State MN Zip Code 56560-5611
 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 ▼ 10000.00

Date of Receipt 09 / 10 / 2018
Transaction ID : SA12.47317
 Amount of Each Receipt this Period 10000.00
 Memo Item
 TRANSFER
 JFC ATTRIB: CRAMER VICTORY FUND

C. SCHEEL, STEVE, D., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3900 RIVER OAK CIR
 City MOORHEAD State MN Zip Code 56560-5611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SCHEELS, INC. Occupation (for Individual) MANAGEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 09 / 10 / 2018
Transaction ID : SA12.47321
 Amount of Each Receipt this Period 10000.00
 Memo Item
 TRANSFER
 JFC ATTRIB: CRAMER VICTORY FUND

SUBTOTAL of Receipts This Page (optional).....	0.00
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 37 OF 152
<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. SLAWSON, R., TODD, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1675 BROADWAY STE 1600
 City DENVER State CO Zip Code 80202-4610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SLAWSON COMPANIES Occupation (for Individual) ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 09 / 10 / 2018
Transaction ID : SA12.47319
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 JFC ATTRIB: CRAMER VICTORY FUND

B. STENEHJEM, STEPHEN, L., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 1162
 City WATFORD CITY State ND Zip Code 58854-1162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FIRST INTERNATIONAL BANK Occupation (for Individual) CHIEF EXECUTIVE OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 09 / 05 / 2018
Transaction ID : SA12.47322
 Amount of Each Receipt this Period 9963.50
 Memo Item
 TRANSFER
 JFC ATTRIB: CRAMER VICTORY FUND

C. NORTH AMERICAN COAL PAC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5340 LEGACY DR., BLDG. 1, STE. 300
 City PLANO State TX Zip Code 75024-3141
 FEC ID number of contributing federal political committee. **C** C00303685
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 10 / 2018
Transaction ID : SA12.47323
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 JFC ATTRIB: CRAMER VICTORY FUND

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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 38 OF 152
<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. CRAMER VICTORY FUND
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address P.O. BOX 26141

City ALEXANDRIA	State VA	Zip Code 22313-6141
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 81750.13

Date of Receipt
09 / 28 / 2018
Transaction ID : SA12.47345

Amount of Each Receipt this Period
13518.88

Memo Item
TRANSFER
TRANSFER OF JOINT FUNDRAISING PROCEEDS

B. RESCHINI, JOSEPH, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 922 PHILADELPHIA ST

City INDIANA	State PA	Zip Code 15701-3940
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RESCHINI AGENCY		Occupation (for Individual) OWNER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
07 / 31 / 2018
Transaction ID : SA12.47346

Amount of Each Receipt this Period
10000.00

Memo Item
TRANSFER
JFC ATTRIB: CRAMER VICTORY FUND

C. MURRAY ENERGY CORPORATION POLITICAL ACTION COMMITTEE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 46226 NATIONAL ROAD

City ST. CLAIRSVILLE	State OH	Zip Code 43950-8742
FEC ID number of contributing federal political committee. C C00410985		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 7500.00

Date of Receipt
07 / 31 / 2018
Transaction ID : SA12.47347

Amount of Each Receipt this Period
7500.00

Memo Item
TRANSFER
JFC ATTRIB: CRAMER VICTORY FUND

SUBTOTAL of Receipts This Page (optional).....	13518.88
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 39 OF 152
<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 TARGETED STATE VICTORY FUND

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

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00679381

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
271105.71

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2018

Transaction ID : SA12.161

Amount of Each Receipt this Period
190000.00

Memo Item
TRANSFER

TRANSFER OF JOINT FUNDRAISING PROCEEDS

B. BANKE, BARBARA, R., ,

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

Mailing Address 1045 ALEXANDER MOUNTAIN RD

City GEYSERVILLE	State CA	Zip Code 95441-9315
---------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) PROPRIETOR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
9442.85

Date of Receipt

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

Transaction ID : SA12.163

Amount of Each Receipt this Period
9442.85

Memo Item
TRANSFER

JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

C. BLANCHARD, JOHN, D., ,

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

Mailing Address P.O. BOX 241402

City MONTGOMERY	State AL	Zip Code 36124-1402
--------------------	-------------	------------------------

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

Name of Employer (for Individual) B & M MANAGEMENT COMPANY	Occupation (for Individual) PRESIDENT
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
9227.78

Date of Receipt

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

Transaction ID : SA12.179

Amount of Each Receipt this Period
3672.22

Memo Item
TRANSFER

JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

SUBTOTAL of Receipts This Page (optional).....	190000.00
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 40 OF 152
<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. BLUE, J, NEAL, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9756 LA JOLLA FARMS RD
 City LA JOLLA State CA Zip Code 92037-1133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GENERAL ATOMICS Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2777.78

Date of Receipt **09 / 10 / 2018**
Transaction ID : SA12.172
 Amount of Each Receipt this Period 2777.78
 Memo Item
 TRANSFER
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

B. BORDELON, BEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 250
 City LOCKPORT State LA Zip Code 70374-0250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BOLLINGER SHIPYARDS Occupation (for Individual) CEO & PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3672.22

Date of Receipt **08 / 20 / 2018**
Transaction ID : SA12.164
 Amount of Each Receipt this Period 3672.22
 Memo Item
 TRANSFER
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

C. CHILDS, JOHN, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 165 SAGO PALM RD
 City VERO BEACH State FL Zip Code 32963-3702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) J.W. CHILDS ASSOCIATES Occupation (for Individual) CHAIRMAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt **06 / 28 / 2018**
Transaction ID : SA12.178
 Amount of Each Receipt this Period 10000.00
 Memo Item
 TRANSFER
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

SUBTOTAL of Receipts This Page (optional).....	0.00
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 41 OF 152
<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. COLLINS, TODD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1220 E BEACHWOOD DR.
 City ATLANTA State GA Zip Code 30327-2708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FIVE RIVERS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 277.78

Date of Receipt 08 / 07 / 2018
Transaction ID : SA12.192
 Amount of Each Receipt this Period 277.78
 Memo Item
 TRANSFER
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

B. COMERFORD, JAMES, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 THE LANDING
 City ATLANTA State GA Zip Code 30350-2625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PROSCENIUM CAPITAL Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1666.66

Date of Receipt 08 / 07 / 2018
Transaction ID : SA12.174
 Amount of Each Receipt this Period 1666.66
 Memo Item
 TRANSFER
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

C. COX, BOBBY, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5000 OVERTON PLAZA #300
 City FORT WORTH State TX Zip Code 76109-4441
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INVESTMENTS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 14 / 2018
Transaction ID : SA12.165
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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 42 OF 152
<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. COX, LEONA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5000 OVERTON PLAZA #300
 City FORT WORTH State TX Zip Code 76109-4441
 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 ▼ 3116.67

Date of Receipt 07 / 14 / 2018
Transaction ID : SA12.181
 Amount of Each Receipt this Period 3116.67
 Memo Item
 TRANSFER
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

B. CRAFT, JOE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1717 S BOULDER AVE STE 400
 City TULSA State OK Zip Code 74119-4833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ALLIANCE COAL LLC Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 08 / 13 / 2018
Transaction ID : SA12.177
 Amount of Each Receipt this Period 10000.00
 Memo Item
 TRANSFER
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

C. DIDIER, HENRY, N., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1203 N ORANGE AVE
 City ORLANDO State FL Zip Code 32804-6408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ETHOS PROJECTS Occupation (for Individual) FOUNDER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 61.11

Date of Receipt 09 / 12 / 2018
Transaction ID : SA12.171
 Amount of Each Receipt this Period 61.11
 Memo Item
 TRANSFER
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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 43 OF 152
<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. FISHER, JACK, E., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 570 JUNIPER HILL RD

City RENO	State NV	Zip Code 89519-7944
--------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
555.56

Date of Receipt

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

Transaction ID : SA12.173

Amount of Each Receipt this Period
555.56

Memo Item
TRANSFER

JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

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

Mailing Address 5700 NW FISHER CREEK DR.
STE 100

City CAMAS	State WA	Zip Code 98607-9534
---------------	-------------	------------------------

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

Name of Employer (for Individual) FISHER INVESTMENTS	Occupation (for Individual) EXECUTIVE CHAIRMAN
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
9000.00

Date of Receipt

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

Transaction ID : SA12.180

Amount of Each Receipt this Period
9000.00

Memo Item
TRANSFER

JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

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

Mailing Address 5700 NW FISHER CREEK DR.
STE 100

City CAMAS	State WA	Zip Code 98607-9534
---------------	-------------	------------------------

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

Name of Employer (for Individual) FISHER INVESTMENTS	Occupation (for Individual) INVESTOR
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
9000.00

Date of Receipt

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

Transaction ID : SA12.188

Amount of Each Receipt this Period
9000.00

Memo Item
TRANSFER

JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

SUBTOTAL of Receipts This Page (optional).....	0.00
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 44 OF 152
<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. FOX, SAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2105 WOODSIDE RD
 STE D
 City WOODSIDE State CA Zip Code 94062-1153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) FUND MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 6450.00

Date of Receipt 09 / 14 / 2018
Transaction ID : SA12.185
 Amount of Each Receipt this Period 6450.00
 Memo Item
 TRANSFER
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

B. FUSSNER, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19637 DUNTON AVE
 City HOLLIS State NY Zip Code 11423-1445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TRANS TECHNOLOFY PTE LTD Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 894.44

Date of Receipt 08 / 20 / 2018
Transaction ID : SA12.166
 Amount of Each Receipt this Period 894.44
 Memo Item
 TRANSFER
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

C. GOE, SIMON, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 65 NORTH STONE RD
 City SNOWVILLE State UT Zip Code 84336-4527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OCEAN STAR INT'L INC Occupation (for Individual) PRESIDENT/CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 894.44

Date of Receipt 09 / 14 / 2018
Transaction ID : SA12.190
 Amount of Each Receipt this Period 894.44
 Memo Item
 TRANSFER
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

SUBTOTAL of Receipts This Page (optional).....	0.00
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 45 OF 152
<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. GUIDRY, SHANE, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 POYDRAS ST
 City NEW ORLEANS State LA Zip Code 70139-6001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HARVEY GULF INT'L MARINE Occupation (for Individual) CEO/CHAIRMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3672.22

Date of Receipt **08 / 20 / 2018**
Transaction ID : SA12.187
 Amount of Each Receipt this Period 3672.22
 Memo Item
 TRANSFER
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

B. HANGSLEBEN, DAVE, WILLIAM, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 525 PAINTED CLOUD PL
 City LAS VEGAS State NV Zip Code 89144-1381
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RELIANCE TELEPHONE Occupation (for Individual) SELF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3672.22

Date of Receipt **09 / 12 / 2018**
Transaction ID : SA12.168
 Amount of Each Receipt this Period 3672.22
 Memo Item
 TRANSFER
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

C. HANGSLEBEN, SELMA, JO, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 525 PAINTED CLOUD PL
 City LAS VEGAS State NV Zip Code 89144-1381
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RELIANCE TELEPHONE Occupation (for Individual) ACCOUNTANT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3672.22

Date of Receipt **09 / 12 / 2018**
Transaction ID : SA12.186
 Amount of Each Receipt this Period 3672.22
 Memo Item
 TRANSFER
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

SUBTOTAL of Receipts This Page (optional).....	0.00
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 46 OF 152
<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. HEGYI, ALBERT, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 245 PARK AVE
 39TH FLR
 City NEW YORK State NY Zip Code 10167-4000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1ST FINANCIAL BANK USA Occupation (for Individual) BANKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1388.89

Date of Receipt 07 / 10 / 2018
Transaction ID : SA12.162
 Amount of Each Receipt this Period 1388.89
 Memo Item
 TRANSFER
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

B. HILL, SHIRLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 262 E MAIN ST
 City MOORESTOWN State NJ Zip Code 08057-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INTERARCH, INC Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3672.22

Date of Receipt 08 / 20 / 2018
Transaction ID : SA12.189
 Amount of Each Receipt this Period 3672.22
 Memo Item
 TRANSFER
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

C. HILL, VERNON, W., , II
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 262 E MAIN ST
 City MOORESTOWN State NJ Zip Code 08057-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) METRO BANK PLC Occupation (for Individual) ENTREPRENUER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3672.22

Date of Receipt 08 / 20 / 2018
Transaction ID : SA12.193
 Amount of Each Receipt this Period 3672.22
 Memo Item
 TRANSFER
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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 47 OF 152
<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. HOLLAND, CLYDE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111 MAIN ST
 STE 700
 City VANCOUVER State WA Zip Code 98660-2970
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOLLAND PARTNER GROUP Occupation (for Individual) REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3672.22

Date of Receipt 08 / 06 / 2018
Transaction ID : SA12.167
 Amount of Each Receipt this Period 3672.22
 Memo Item
 TRANSFER
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

B. JACOBSEN, STUART, ALEXANDER, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 277 END AVE
 APT 7D
 City NEW YORK State NY Zip Code 10023-2611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3672.22

Date of Receipt 08 / 17 / 2018
Transaction ID : SA12.191
 Amount of Each Receipt this Period 3672.22
 Memo Item
 TRANSFER
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

C. ORNSTEIN, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 98 ORANGE ST
 City NEPTUNE BEACH State FL Zip Code 32266-6132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ORNSTEIN SCHULER INVESTMENTS Occupation (for Individual) PRINCIPAL
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 555.56

Date of Receipt 08 / 07 / 2018
Transaction ID : SA12.182
 Amount of Each Receipt this Period 555.56
 Memo Item
 TRANSFER
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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 48 OF 152
<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. SCRIVNER, DOUGLAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25461 W FREMONT RD
 City LOS ALTOS HILLS State CA Zip Code 94022-3538
 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 09 / 12 / 2018
Transaction ID : SA12.170
 Amount of Each Receipt this Period 2000.00
 Memo Item
 TRANSFER
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

B. STREEBIN, JARRETT, LEE, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 MONTGOMERY ST STE 400
 City SAN FRANCISCO State CA Zip Code 94104-4533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PRESIDENT Occupation (for Individual) SIMPLER POSTAGE INC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 08 / 03 / 2018
Transaction ID : SA12.175
 Amount of Each Receipt this Period 9227.78
 Memo Item
 TRANSFER
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

C. STREEBIN, JARRETT, LEE, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 MONTGOMERY ST STE 400
 City SAN FRANCISCO State CA Zip Code 94104-4533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PRESIDENT Occupation (for Individual) SIMPLER POSTAGE INC
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 08 / 17 / 2018
Transaction ID : SA12.176
 Amount of Each Receipt this Period 772.22
 Memo Item
 TRANSFER
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

SUBTOTAL of Receipts This Page (optional).....	0.00
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 49 OF 152
<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. THOMPSON, MICHAEL, N., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9255 DOHENY RD #1202
 City LOS ANGELES State CA Zip Code 90069-3214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3672.22

Date of Receipt 08 / 20 / 2018
Transaction ID : SA12.183
 Amount of Each Receipt this Period 3672.22
 Memo Item
 TRANSFER
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

B. WALSH, DAVID, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 11450
 City JACKSON State WY Zip Code 83002-1450
 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 ▼ 3181.82

Date of Receipt 08 / 03 / 2018
Transaction ID : SA12.169
 Amount of Each Receipt this Period 3181.82
 Memo Item
 TRANSFER
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

C. YOUNGER, JR., WILLIAM, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 755 PAGE MILL RD STE A-200
 City PALO ALTO State CA Zip Code 94304-1005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SUTTER HILL VENTURES Occupation (for Individual) VENTURE CAPITALIST
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 894.44

Date of Receipt 09 / 12 / 2018
Transaction ID : SA12.194
 Amount of Each Receipt this Period 894.44
 Memo Item
 TRANSFER
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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 50 OF 152
<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. ZELL, SAMUEL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 N RIVERSIDE PLAZA
STE 600

City CHICAGO State IL Zip Code 60606-2627

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

Name of Employer (for Individual) EQUITY GROUP INVESTMENTS Occupation (for Individual) CHAIRMAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3672.22

Date of Receipt 08 / 31 / 2018
Transaction ID : SA12.184

Amount of Each Receipt this Period 3672.22

Memo Item
TRANSFER

JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

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

Mailing Address 6334 PUMPERNICKEL LN

City MONROE State NC Zip Code 28110-9699

FEC ID number of contributing federal political committee. **C** C00387464

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 26 / 2018
Transaction ID : SA12.201

Amount of Each Receipt this Period 5000.00

Memo Item
TRANSFER

JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

C. BIG SKY OPPORTUNITY PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 1618

City HELENA State MT Zip Code 59624-1618

FEC ID number of contributing federal political committee. **C** C00542027

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1111.11

Date of Receipt 07 / 31 / 2018
Transaction ID : SA12.203

Amount of Each Receipt this Period 1111.11

Memo Item
TRANSFER

JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

SUBTOTAL of Receipts This Page (optional).....	0.00
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 51 OF 152
<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

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

Mailing Address 901 N WASHINGTON ST
STE 700

City ALEXANDRIA State VA Zip Code 22314-1535

FEC ID number of contributing federal political committee. **C** C00442368

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID : SA12.207

Amount of Each Receipt this Period
5000.00

Memo Item
TRANSFER

JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. CONTINUING AMERICAS STRENGTH & SECURITY PAC

Mailing Address 8550 UNITED PLAZA BLVD
STE 1001

City BATON ROUGE State LA Zip Code 70809-2256

FEC ID number of contributing federal political committee. **C** C00480228

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
09 / 12 / 2018

Transaction ID : SA12.210

Amount of Each Receipt this Period
5000.00

Memo Item
TRANSFER

JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

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

Mailing Address 701 8TH ST NW

City WASHINGTON State DC Zip Code 20001-3854

FEC ID number of contributing federal political committee. **C** C00390674

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2018

Transaction ID : SA12.196

Amount of Each Receipt this Period
5000.00

Memo Item
TRANSFER

JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

SUBTOTAL of Receipts This Page (optional).....	0.00
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 52 OF 152
<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. FUND FOR A CONSERVATIVE FUTURE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address P.O. BOX 96

City ALEXANDRIA	State VA	Zip Code 22313-0096
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00326082

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	27	/	2018

Transaction ID : SA12.208

Amount of Each Receipt this Period
5000.00

Memo Item
TRANSFER

JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

B. HEARTLAND VALUES PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address P.O. BOX 505

City SIOUX FALLS	State SD	Zip Code 57101-0505
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00409003

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4166.67

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	09	/	2018

Transaction ID : SA12.200

Amount of Each Receipt this Period
4166.67

Memo Item
TRANSFER

JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

C. JONI PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address P.O. BOX 93441

City DES MOINES	State IA	Zip Code 50393-3441
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00566851

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2018

Transaction ID : SA12.209

Amount of Each Receipt this Period
5000.00

Memo Item
TRANSFER

JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 53 OF 152
<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. KOCHPAC

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

Mailing Address 600 14TH ST NW
STE 800

City WASHINGTON State DC Zip Code 20005-2099

FEC ID number of contributing federal political committee. **C** C00236489

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 28 / 2018

Transaction ID : SA12.197

Amount of Each Receipt this Period 5000.00

Memo Item
TRANSFER

JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

B. NEBRASKA SAND HILLS PAC

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

Mailing Address 228 S WASHINGTON ST
STE 115

City ALEXANDRIA State VA Zip Code 22314-5404

FEC ID number of contributing federal political committee. **C** C00540054

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1111.11

Date of Receipt 08 / 15 / 2018

Transaction ID : SA12.206

Amount of Each Receipt this Period 1111.11

Memo Item
TRANSFER

JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

C. NEXT CENTURY FUND

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

Mailing Address 116 S ROYAL ST

City ALEXANDRIA State VA Zip Code 22314-3328

FEC ID number of contributing federal political committee. **C** C00343947

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 13 / 2018

Transaction ID : SA12.205

Amount of Each Receipt this Period 5000.00

Memo Item
TRANSFER

JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

SUBTOTAL of Receipts This Page (optional).....	0.00
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 54 OF 152
<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. PROJECT WEST PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9227 E LINCOLN AVE
#200-435

City LONE TREE State CO Zip Code 80124-5506

FEC ID number of contributing federal political committee. **C** C00525543

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2018

Transaction ID : SA12.195

Amount of Each Receipt this Period
5000.00

Memo Item
TRANSFER

JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

B. RELY ON YOUR BELIEFS FUND
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address ONE CONSTITUTION AVE NE
STE 300

City WASHINGTON State DC Zip Code 20002-5618

FEC ID number of contributing federal political committee. **C** C00344648

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2018

Transaction ID : SA12.202

Amount of Each Receipt this Period
5000.00

Memo Item
TRANSFER

JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

C. RESPONSIBILITY & FREEDOM WORK PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 54

City JACKSON State MS Zip Code 39205-0054

FEC ID number of contributing federal political committee. **C** C00368696

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2018

Transaction ID : SA12.198

Amount of Each Receipt this Period
5000.00

Memo Item
TRANSFER

JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

SUBTOTAL of Receipts This Page (optional).....	0.00
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 55 OF 152
<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. SAVE AMERICA PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 407 W JEFFERSON ST

City BOISE	State ID	Zip Code 83702-6049
---------------	----------	------------------------

FEC ID number of contributing federal political committee. **C** C00461723

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
833.33

Date of Receipt

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

Transaction ID : SA12.211

Amount of Each Receipt this Period
833.33

Memo Item
TRANSFER

JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

B. THE HOME DEPOT INC PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1155 F ST NW
STE 400

City WASHINGTON	State ID DC	Zip Code 20004-1346
--------------------	----------------	------------------------

FEC ID number of contributing federal political committee. **C** C00284885

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2018

Transaction ID : SA12.199

Amount of Each Receipt this Period
5000.00

Memo Item
TRANSFER

JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

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

Mailing Address P.O. BOX 97275

City RALEIGH	State ID NC	Zip Code 27624-7275
-----------------	----------------	------------------------

FEC ID number of contributing federal political committee. **C** C00571323

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1666.67

Date of Receipt

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

Transaction ID : SA12.204

Amount of Each Receipt this Period
1666.67

Memo Item
TRANSFER

JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

SUBTOTAL of Receipts This Page (optional).....	0.00
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 56 OF 152
<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 TARGETED STATE VICTORY FUND
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
FEC ID number of contributing federal political committee. C C00679381		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 271105.71

Date of Receipt
MM / DD / YYYY
09 / 28 / 2018
Transaction ID : SA12.47325

Amount of Each Receipt this Period
81105.71

Memo Item
TRANSFER
TRANSFER OF JOINT FUNDRAISING PROCEEDS

B. AUSTIN, WILLIAM, F., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 5563 RUSTIC MANOR DR.

City BROWNSVILLE	State TX	Zip Code 78526-4209
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) STARKEY HEARING TECHNOLOGIES		Occupation (for Individual) CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1111.11

Date of Receipt
MM / DD / YYYY
09 / 21 / 2018
Transaction ID : SA12.47333

Amount of Each Receipt this Period
1111.11

Memo Item
TRANSFER
JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

C. BLANCHARD, JOHN, D., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address P.O. BOX 241402

City MONTGOMERY	State AL	Zip Code 36124-1402
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) B & M MANAGEMENT COMPANY		Occupation (for Individual) PRESIDENT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 9227.78

Date of Receipt
MM / DD / YYYY
09 / 18 / 2018
Transaction ID : SA12.47329

Amount of Each Receipt this Period
5555.56

Memo Item
TRANSFER
JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

SUBTOTAL of Receipts This Page (optional).....	81105.71
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 57 OF 152
<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. BUSCH, AUGUST, A., , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address ONE MIN RIVERS MALL DR.
 City ST PETERS State MO Zip Code 63376-4320
 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 ▼ 6250.00

Date of Receipt 09 / 18 / 2018
Transaction ID : SA12.47330
 Amount of Each Receipt this Period 6250.00
 Memo Item
 TRANSFER
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

B. CHOUEST, GARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 310
 City GALLIANO State LA Zip Code 70354-0310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EDISON CHOUEST Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5061.11

Date of Receipt 09 / 18 / 2018
Transaction ID : SA12.47328
 Amount of Each Receipt this Period 5061.11
 Memo Item
 TRANSFER
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

C. CRANBERG, ALEXIS, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8806 HARNESS CREEK LANE
 City HOUSTON State TX Zip Code 77024-7043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ASPECT HOLDINGS, LLC Occupation (for Individual) PARTNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 09 / 17 / 2018
Transaction ID : SA12.47343
 Amount of Each Receipt this Period 10000.00
 Memo Item
 TRANSFER
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

SUBTOTAL of Receipts This Page (optional).....	0.00
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 58 OF 152
<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. HOWLEY, W., NICHOLAS, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41777 BURTON TRL
 City HUNTING VALLEY State OH Zip Code 44022-6693
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TRANSDISM GROUP Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 09 / 25 / 2018
Transaction ID : SA12.47337
 Amount of Each Receipt this Period 10000.00
 Memo Item
 TRANSFER
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

B. ISAAC, PAUL, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 75 PROSPECT AVE
 City LARCHMONT State NY Zip Code 10538-3634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ARBITER PARTNERS Occupation (for Individual) ANALYST
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2633.33

Date of Receipt 09 / 25 / 2018
Transaction ID : SA12.47335
 Amount of Each Receipt this Period 2633.33
 Memo Item
 TRANSFER
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

C. LINDELL, MICHAEL, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1440 BAVARIAN SHORES DR.
 City CHASKA State MN Zip Code 55318-1547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MY PILLOW Occupation (for Individual) FOUNDER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3300.00

Date of Receipt 09 / 18 / 2018
Transaction ID : SA12.47331
 Amount of Each Receipt this Period 3300.00
 Memo Item
 TRANSFER
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

SUBTOTAL of Receipts This Page (optional).....	0.00
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 59 OF 152
<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. PURCELL, PHILIP, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6300 SAGEWOOD DR.
 City PARK CITY State UT Zip Code 84098-7502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CONTINENTAL INVESTORS Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 833.33

Date of Receipt 09 / 25 / 2018
Transaction ID : SA12.47336
 Amount of Each Receipt this Period 833.33
 Memo Item
 TRANSFER
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

B. SINQUEFIELD, JEANNE, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 244 BENT WALNUT LN
 City WESTPHALIA State MO Zip Code 65085-2022
 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 10000.00

Date of Receipt 09 / 23 / 2018
Transaction ID : SA12.47334
 Amount of Each Receipt this Period 10000.00
 Memo Item
 TRANSFER
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

C. SINQUEFIELD, REX, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 244 BENT WALNUT LN
 City WESTPHALIA State MO Zip Code 65085-2022
 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 10000.00

Date of Receipt 09 / 27 / 2018
Transaction ID : SA12.47344
 Amount of Each Receipt this Period 10000.00
 Memo Item
 TRANSFER
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

SUBTOTAL of Receipts This Page (optional).....	0.00
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 60 OF 152
<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. ASPECT HOLDINGS, LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1775 SHERMAN ST
 STE 2400
 City DENVER State CO Zip Code 80203-4352
 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 ▼ 10000.00

Date of Receipt 09 / 17 / 2018
Transaction ID : SA12.47342
 Amount of Each Receipt this Period 10000.00
 Memo Item
 TRANSFER
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

B. CHARTER COMMUNICATIONS INC PAC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 400 ATLANTIC ST
 10TH FLR
 City STAMFORD State CT Zip Code 06901-3512
 FEC ID number of contributing federal political committee. **C** C00426775
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.33

Date of Receipt 09 / 25 / 2018
Transaction ID : SA12.47341
 Amount of Each Receipt this Period 833.33
 Memo Item
 TRANSFER
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

C. DAVITA INC PAC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32275 32ND AVE S
 City FEDERAL WAY State WA Zip Code 98001-9616
 FEC ID number of contributing federal political committee. **C** C00340943
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 17 / 2018
Transaction ID : SA12.47327
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

SUBTOTAL of Receipts This Page (optional).....	0.00
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 61 OF 152
<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. FIRST COMMAND PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4100 S HULEN ST

City FORT WORTH	State TX	Zip Code 76109-5051
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FEC ID number of contributing federal political committee. **C** C00325647

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

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
09		25		2018

Transaction ID : SA12.47338

Amount of Each Receipt this Period
2000.00

Memo Item
TRANSFER

JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

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

Mailing Address P.O. BOX 1053

City BLOOMINGTON	State IN	Zip Code 47402-1053
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00551853

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2018

Transaction ID : SA12.47340

Amount of Each Receipt this Period
5000.00

Memo Item
TRANSFER

JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

C. TOMORROW IS MEANINGFUL PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1409 ASHLEY RIVER RD

City CHARLESTON	State SC	Zip Code 29407-5305
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00495887

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
388.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2018

Transaction ID : SA12.47339

Amount of Each Receipt this Period
388.89

Memo Item
TRANSFER

JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

SUBTOTAL of Receipts This Page (optional).....	0.00
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 62 OF 152
(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. TRUE NORTH PAC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 N WASHINGTON ST
 STE 700
 City ALEXANDRIA State VA Zip Code 22314-1535
 FEC ID number of contributing federal political committee. **C** C00571000
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2018
Transaction ID : SA12.47332
 Amount of Each Receipt this Period
 2500.00
 Memo Item
 TRANSFER
 JFC ATTRIB: NRSC TARGETED STATE VICTORY FUND

B. TEAM CRAMER ND
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 26141
 City ALEXANDRIA State VA Zip Code 22313-6141
 FEC ID number of contributing federal political committee. **C** C00686105
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 11246.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2018
Transaction ID : SA12.47348
 Amount of Each Receipt this Period
 11246.46
 Memo Item
 TRANSFER
 TRANSFER OF JOINT FUNDRAISING PROCEEDS

C. MCNEIL, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4927 FILLMORE CT
 City ENGLEWOOD State CO Zip Code 80113-7146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 NEXGEN RESOURCES CORPDE CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2018
Transaction ID : SA12.47350
 Amount of Each Receipt this Period
 5000.00
 Memo Item
 TRANSFER
 JFC ATTRIB: TEAM CRAMER ND

SUBTOTAL of Receipts This Page (optional).....	11246.46
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 63 OF 152
<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. ORTOWSKI, CODY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 111
 City GAINESVILLE State TX Zip Code 76241-0111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELECT ENERGY SERVICES Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 5000.00

Date of Receipt 09 / 25 / 2018
Transaction ID : SA12.47351
 Amount of Each Receipt this Period 5000.00
 Memo Item TRANSFER
 JFC ATTRIB: TEAM CRAMER ND

B. ORTOWSKI, COLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 175 CO RD 131
 City GAINESVILLE State TX Zip Code 76240-7043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2300.00

Date of Receipt 09 / 25 / 2018
Transaction ID : SA12.47352
 Amount of Each Receipt this Period 2300.00
 Memo Item TRANSFER
 JFC ATTRIB: TEAM CRAMER ND

C. PAHLKE, DALE, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 4010
 1727 STATE STREET
 City BISMARCK State ND Zip Code 58502-4010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DAKOTA COMMUNITY BANK Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 6000.00

Date of Receipt 08 / 28 / 2018
Transaction ID : SA12.47353
 Amount of Each Receipt this Period 1000.00
 Memo Item TRANSFER
 JFC ATTRIB: TEAM CRAMER ND

SUBTOTAL of Receipts This Page (optional)..... 0.00
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 64 OF 152
<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. WAMBSGANSS, ANDREW, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 94017

City SOUTHLAKE	State TX	Zip Code 76092-0119
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) BPWFD		Occupation (for Individual) ATTORNEY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2018
Transaction ID : SA12.47349

Amount of Each Receipt this Period
 400.00

Memo Item
 TRANSFER

JFC ATTRIB: TEAM CRAMER ND

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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 89800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2018
Transaction ID : SA12.9999

Amount of Each Receipt this Period
 4200.00

Memo Item
 CONTRIBUTION

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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 180150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2018
Transaction ID : SA12.1257

Amount of Each Receipt this Period
 37250.00

Memo Item
 TRANSFER

SUBTOTAL of Receipts This Page (optional).....▶	41450.00
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 65 OF 152
(check only one)

<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. REPUBLICAN NATIONAL COMMITTEE

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 ▼
180150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 06 / 2018

Transaction ID : SA12.934

Amount of Each Receipt this Period
5600.00

Memo Item
TRANSFER

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

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

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

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).....▶	396968.36

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

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

FOR LINE NUMBER: PAGE 66 OF 152
(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. 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 ▼
 6044.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 06 / 2018
Transaction ID : SA17.126
 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 ▼
 2106.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 06 / 2018
Transaction ID : SA17.214
 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 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

A. HANSON, SADIE, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1029 N 5TH ST

City BISMARCK State ND Zip Code 58501

Purpose of Disbursement POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 24 / 2018

FEC Identification Number: C

Transaction ID : SB21.10039

Amount of Each Disbursement this Period: 1000.00

Memo Item

B. KEMP, REID, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1029 N 5TH ST

City BISMARCK State ND Zip Code 58501

Purpose of Disbursement POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 24 / 2018

FEC Identification Number: C

Transaction ID : SB21.10038

Amount of Each Disbursement this Period: 500.00

Memo Item

C. OLSON, TANNER, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1029 N 5TH ST

City BISMARCK State ND Zip Code 58501

Purpose of Disbursement POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 24 / 2018

FEC Identification Number: C

Transaction ID : SB21.10041

Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2500.00

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. PORTER, SARAH, , ,

Mailing Address 1029 N 5TH ST

City
BISMARCK

State
ND

Zip Code
58501

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	4			2	0	1	8	

FEC Identification Number

C []
Transaction ID : SB21.10040
Amount of Each Disbursement this Period
[] 1000.00 []

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
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	8	

FEC Identification Number

C []
Transaction ID : SB21.10001
Amount of Each Disbursement this Period
[] 1187.70 []

Memo Item

Full Name (Last, First, Middle Initial)

C. CAMERON INDOOR PROPERTIES LLC

Mailing Address 400 4TH ST SW

City
MINOT

State
ND

Zip Code
58701

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	4			2	0	1	8	

FEC Identification Number

C []
Transaction ID : SB21.10002
Amount of Each Disbursement this Period
[] 1000.00 []

Memo Item

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

[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
												3187.70

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. CAMERON INDOOR PROPERTIES LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2018

Mailing Address 400 4TH ST SW

FEC Identification Number

C []
Transaction ID : SB21.10003
 Amount of Each Disbursement this Period
 [] 500.00

City MINOT State ND Zip Code 58701

Purpose of Disbursement RENT

[]
 Category/
 Type

Candidate Name

Office Sought: House Senate President
 State: District:

Disbursement For: Primary General Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

B. CLOCKWORK SYSTEMS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		24		2018

Mailing Address 6001 GLOSTER RD

FEC Identification Number

C []
Transaction ID : SB21.10004
 Amount of Each Disbursement this Period
 [] 450.00

City BETHESDA State MD Zip Code 20816

Purpose of Disbursement LIST MANAGEMENT SVC

[]
 Category/
 Type

Candidate Name

Office Sought: House Senate President
 State: District:

Disbursement For: Primary General Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

C. DACOTAH PAPER CO

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		04		2018

Mailing Address 3940 15TH AVE NW

FEC Identification Number

C []
Transaction ID : SB21.10005
 Amount of Each Disbursement this Period
 [] 49.99

City FARGO State ND Zip Code 58108

Purpose of Disbursement OFFICE SUPPLIES

[]
 Category/
 Type

Candidate Name

Office Sought: House Senate President
 State: District:

Disbursement For: Primary General Other (specify) ▼

Memo Item

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

[] 999.99

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. DAVID WYNUM RENTALS		Date of Disbursement MM / DD / YYYY 09 / 04 / 2018	
Mailing Address 96 EAST 5TH ST		FEC Identification Number C [] Transaction ID : SB21.10006 Amount of Each Disbursement this Period [] 2700.00	
City WEST FARGO	State ND	Zip Code 58078	Category/ Type []
Purpose of Disbursement RENT		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. DFI AS, LLC		Date of Disbursement MM / DD / YYYY 09 / 24 / 2018	
Mailing Address 210 BROADWAY N SUITE 300		FEC Identification Number C [] Transaction ID : SB21.10007 Amount of Each Disbursement this Period [] 2800.00	
City FARGO	State ND	Zip Code 58102	Category/ Type []
Purpose of Disbursement RENT		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. DFI AS, LLC		Date of Disbursement MM / DD / YYYY 09 / 26 / 2018	
Mailing Address 210 BROADWAY N SUITE 300		FEC Identification Number C [] Transaction ID : SB21.10008 Amount of Each Disbursement this Period [] 2800.00	
City FARGO	State ND	Zip Code 58102	Category/ Type []
Purpose of Disbursement RENT		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).....▶	[] 8300.00
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. ENDERLIN INDEPENDENT

Mailing Address 209 4TH AVE

City
ENDERLIN

State
ND

Zip Code
58027

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 07 / 2018

FEC Identification Number

C

Transaction ID : SB21.10009

Amount of Each Disbursement this Period

200.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FIRST CHOICE

Mailing Address 2301 12TH ST N

City
FARGO

State
ND

Zip Code
58102

Purpose of Disbursement
COLLATERAL MATERIALS-T-SHIRTS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C

Transaction ID : SB21.10010

Amount of Each Disbursement this Period

493.43

Memo Item

Full Name (Last, First, Middle Initial)

C. FLASH PRINTING

Mailing Address PO BOX 2263

City
BISMARCK

State
ND

Zip Code
58502

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2018

FEC Identification Number

C

Transaction ID : SB21.10011

Amount of Each Disbursement this Period

18.11

Memo Item

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

711.54

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 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. FLS CONNECT

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		04		2018

Mailing Address 7300 HUDSON BLVD
SUITE 270

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement
FUNDRAISING PHONE CALLS

FEC Identification Number

C [REDACTED]

Transaction ID : **SB21.10012**
Amount of Each Disbursement this Period

[REDACTED] 4179.95

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

B. FLS CONNECT

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		24		2018

Mailing Address 7300 HUDSON BLVD
SUITE 270

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement
FUNDRAISING PHONE CALLS

FEC Identification Number

C [REDACTED]

Transaction ID : **SB21.10013**
Amount of Each Disbursement this Period

[REDACTED] 545.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

C. FLS CONNECT

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2018

Mailing Address 7300 HUDSON BLVD
SUITE 270

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement
FUNDRAISING PHONE CALLS

FEC Identification Number

C [REDACTED]

Transaction ID : **SB21.10014**
Amount of Each Disbursement this Period

[REDACTED] 3264.80

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

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

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

[REDACTED] 7989.75

[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. H.A. THOMPSON & SONS

Mailing Address PO BOX 1195

City
BISMARCK

State
ND

Zip Code
58502

Purpose of Disbursement
MAINTENANCE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21.10015

Amount of Each Disbursement this Period

[REDACTED] 108.43

Memo Item

Full Name (Last, First, Middle Initial)

B. HILLSBORO BANNER

Mailing Address PO BOX 39

City
HILLSBORO

State
ND

Zip Code
58045

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21.10016

Amount of Each Disbursement this Period

[REDACTED] 36.00

Memo Item

Full Name (Last, First, Middle Initial)

C. INTUIT

Mailing Address 2700 COAST AVE

City
MOUNTAIN VIEW

State
CA

Zip Code
94043

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21.10017

Amount of Each Disbursement this Period

[REDACTED] 326.89

Memo Item

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

[REDACTED] 471.32

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. KATAHDIN STRATEGIES

Mailing Address 5 DICKENS RD

City
LINCOLNVILLE

State
ME

Zip Code
04849

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21.10018

Amount of Each Disbursement this Period

[REDACTED] 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KATAHDIN STRATEGIES

Mailing Address 5 DICKENS RD

City
LINCOLNVILLE

State
ME

Zip Code
04849

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21.10019

Amount of Each Disbursement this Period

[REDACTED] 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LINCOLN STRATEGY GROUP

Mailing Address 7400 S MILL AVE
STE 200

City
TEMPE

State
AZ

Zip Code
85281

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 07 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21.10020

Amount of Each Disbursement this Period

[REDACTED] 5300.00

Memo Item

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

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

[REDACTED] 10300.00

[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

A. LINCOLN STRATEGY GROUP

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 7400 S MILL AVE
STE 200

M M M	/	D D D	/	Y Y Y Y Y
09		27		2018

City TEMPE State AZ Zip Code 85281

FEC Identification Number

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

C

Candidate Name

Transaction ID : SB21.10021

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

9830.00

Memo Item

B. MAX PROPERTIES

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 118 BELMONT RD

M M M	/	D D D	/	Y Y Y Y Y
09		24		2018

City GRAND FORKS State ND Zip Code 58201

FEC Identification Number

Purpose of Disbursement
RENT

C

Candidate Name

Transaction ID : SB21.10022

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

1200.00

Memo Item

C. MAX PROPERTIES

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 118 BELMONT RD

M M M	/	D D D	/	Y Y Y Y Y
09		26		2018

City GRAND FORKS State ND Zip Code 58201

FEC Identification Number

Purpose of Disbursement
RENT

C

Candidate Name

Transaction ID : SB21.10023

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

1200.00

Memo Item

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

12230.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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. MIDCONTINENT COMMUNICATIONS

Mailing Address PO BOX 5010

City
SIOUX FALLS

State
SD

Zip Code
57117

Purpose of Disbursement
UTILITIES

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
0	9			0	7			2	0	1	8		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21.10024

Amount of Each Disbursement this Period

[REDACTED] 255.00

Memo Item

Full Name (Last, First, Middle Initial)

B. NESS PRESS INC

Mailing Address PO BOX 157

City
FORDVILLE

State
ND

Zip Code
58231

Purpose of Disbursement
OFFICE SUPPLIES

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
0	9			0	7			2	0	1	8		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21.10025

Amount of Each Disbursement this Period

[REDACTED] 225.00

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
LEGAL SERVICES

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
0	9			2	4			2	0	1	8		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21.10026

Amount of Each Disbursement this Period

[REDACTED] 884.20

Memo Item

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

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

[REDACTED] 1364.20

[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. STARION BANK

Mailing Address PO BOX 777

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2018

FEC Identification Number

C

Transaction ID : SB21.10029

Amount of Each Disbursement this Period

20.00

Memo Item

Full Name (Last, First, Middle Initial)

B. STARION BANK

Mailing Address PO BOX 777

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2018

FEC Identification Number

C

Transaction ID : SB21.10030

Amount of Each Disbursement this Period

20.00

Memo Item

Full Name (Last, First, Middle Initial)

C. STARION BANK

Mailing Address PO BOX 777

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2018

FEC Identification Number

C

Transaction ID : SB21.10031

Amount of Each Disbursement this Period

40.00

Memo Item

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

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

80.00

**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. STARION BANK

Mailing Address PO BOX 777

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement BANK FEE

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2018

FEC Identification Number

C
Transaction ID : SB21.10032
 Amount of Each Disbursement this Period
 69.95

Memo Item

Full Name (Last, First, Middle Initial)

B. STEVE BROWN DIRECT MAIL LLC

Mailing Address 3864 WEST MILLERS BRIDGE RD

City TALLAHASSEE State FL Zip Code 32312

Purpose of Disbursement PRINTING/LIST RENTAL

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C
Transaction ID : SB21.10033
 Amount of Each Disbursement this Period
 1787.18

Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 185 BERRY ST SUITE 550

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement CREDIT CARD PROCESSING FEE

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2018

FEC Identification Number

C
Transaction ID : SB21.10034
 Amount of Each Disbursement this Period
 3.39

Memo Item

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

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

1860.52

**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. THE MONACO GROUP		Date of Disbursement MM / DD / YYYY 09 / 04 / 2018
Mailing Address 1011 S LINWOOD AVE		FEC Identification Number C [] Transaction ID : SB21.10035 Amount of Each Disbursement this Period [] 2245.39
City SANTA ANA	State CA	Zip Code 92705
Purpose of Disbursement POSTAGE		Category/ Type []
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. THE MONACO GROUP		Date of Disbursement MM / DD / YYYY 09 / 24 / 2018
Mailing Address 1011 S LINWOOD AVE		FEC Identification Number C [] Transaction ID : SB21.10036 Amount of Each Disbursement this Period [] 3992.00
City SANTA ANA	State CA	Zip Code 92705
Purpose of Disbursement PRINTING		Category/ Type []
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. VISA		Date of Disbursement MM / DD / YYYY 09 / 24 / 2018
Mailing Address PO BOX 4512		FEC Identification Number C [] Transaction ID : SB21.10062 Amount of Each Disbursement this Period [] 1481.21
City CAROL STRAM	State IL	Zip Code 60197
Purpose of Disbursement CREDIT CARD PAYMENT		Category/ Type []
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).....▶	[] 7718.60
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. ACE HARDWARE

Mailing Address 2200 KENNSINGTON CT

City OAK BROOK State IL Zip Code 60523

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement
MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C
Transaction ID : SB21-20013
Amount of Each Disbursement this Period
6.38

Memo Item

Full Name (Last, First, Middle Initial)

B. ADOBE

Mailing Address 345 PARK AVE

City SAN JOSE State CA Zip Code 95110

Purpose of Disbursement WEB SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement
MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C
Transaction ID : SB21-20011
Amount of Each Disbursement this Period
21.29

Memo Item

Full Name (Last, First, Middle Initial)

C. CASEY'S GENERAL STORE

Mailing Address 5680 23RD AVE S

City FARGO State ND Zip Code 58104

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement
MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C
Transaction ID : SB21-20008
Amount of Each Disbursement this Period
49.74

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. CITY OF FARGO

Mailing Address 4501 7TH AVE N

City
FARGO

State
ND

Zip Code
58102

Purpose of Disbursement
MAINTENANCE

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	9		2	4		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21-20004

Amount of Each Disbursement this Period

[REDACTED] 12.00

Memo Item

Full Name (Last, First, Middle Initial)

B. COSTCO

Mailing Address 750 23RD AVE E

City
WEST FARGO

State
ND

Zip Code
58078

Purpose of Disbursement
OFFICE SUPPLIES

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	9		2	4		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21-20001

Amount of Each Disbursement this Period

[REDACTED] 211.66

Memo Item

Full Name (Last, First, Middle Initial)

C. EXXON

Mailing Address 1384 INTERCHANGE AVE

City
BISMARCK

State
ND

Zip Code
58501

Purpose of Disbursement
TRAVEL

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	9		2	4		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21-20000

Amount of Each Disbursement this Period

[REDACTED] 83.46

Memo Item

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

[REDACTED] 0.00

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. FACEBOOK

Mailing Address 1 HACKER WAY

City MENLO PARK State CA Zip Code 94025

Purpose of Disbursement
WEB SERVICE

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2018

FEC Identification Number

C
Transaction ID : SB21-20009
Amount of Each Disbursement this Period
40.50

Memo Item

Full Name (Last, First, Middle Initial)

B. FORUM COMMUNICATIONS COMPANY

Mailing Address PO BOX 2020

City FARGO State ND Zip Code 58107

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2018

FEC Identification Number

C
Transaction ID : SB21-20002
Amount of Each Disbursement this Period
35.00

Memo Item

Full Name (Last, First, Middle Initial)

C. GOOGLE

Mailing Address 1600 AMPHITHEATRE PKWY

City MOUNTAIN VIEW State CA Zip Code 94048

Purpose of Disbursement
WEB SERVICE

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2018

FEC Identification Number

C
Transaction ID : SB21-20010
Amount of Each Disbursement this Period
230.92

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 STATION STORE

Mailing Address 2755 BRANDT DR S

City FARGO State ND Zip Code 58104

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21-20005

Amount of Each Disbursement this Period

[REDACTED] 61.90

Memo Item

Full Name (Last, First, Middle Initial)

B. KELLY INN BISMARCK

Mailing Address 1800 N 12TH ST

City BISMARCK State ND Zip Code 58501

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21-20007

Amount of Each Disbursement this Period

[REDACTED] 160.97

Memo Item

Full Name (Last, First, Middle Initial)

C. OFFICEMAX

Mailing Address 6600 NORTH MILITARY TRAIL

City BOCA RATON State FL Zip Code 33496

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21-20006

Amount of Each Disbursement this Period

[REDACTED] 261.22

Memo Item

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

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

[REDACTED] 0.00

[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. STAPLES

Mailing Address 500 STAPLES DR

City FARMINGHAM State MA Zip Code 01702

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement
MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C
Transaction ID : SB21-20012
Amount of Each Disbursement this Period
79.84

Memo Item

Full Name (Last, First, Middle Initial)

B. TUTLE MOUNTAIN STAR

Mailing Address 11 1ST AVE NE

City ROLLA State ND Zip Code 58367

Purpose of Disbursement SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement
MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C
Transaction ID : SB21-20014
Amount of Each Disbursement this Period
36.00

Memo Item

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address 657 2ND AVE N

City FARGO State ND Zip Code 58102

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement
MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C
Transaction ID : SB21-20003
Amount of Each Disbursement this Period
100.00

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. VISA

Mailing Address PO BOX 4512

City CAROL STRAM State IL Zip Code 60197

Purpose of Disbursement
CREDIT CARD FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C
Transaction ID : SB21-20015
Amount of Each Disbursement this Period
51.74

Memo Item

Full Name (Last, First, Middle Initial)

B. WILAND DIRECT INC

Mailing Address PO BOX 1774480

City DENVER State CO Zip Code 80217

Purpose of Disbursement
LIST RENTAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C
Transaction ID : SB21.10037
Amount of Each Disbursement this Period
500.03

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

MM / DD / YYYY

FEC Identification Number

C
Amount of Each Disbursement this Period

Memo Item

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

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

500.03
58213.65

**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, , ,		Date of Disbursement MM / DD / YYYY 09 / 15 / 2018	
Mailing Address 1125 16TH ST N		FEC Identification Number C [REDACTED] Transaction ID : SB30B-1001 Amount of Each Disbursement this Period [REDACTED] 1041.56	
City FARGO	State ND	Zip Code 58102	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. EINARSON, LANDEN, , ,		Date of Disbursement MM / DD / YYYY 09 / 28 / 2018	
Mailing Address 1125 16TH ST N		FEC Identification Number C [REDACTED] Transaction ID : SB30B-1002 Amount of Each Disbursement this Period [REDACTED] 1041.57	
City FARGO	State ND	Zip Code 58102	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. KOBUS, HEATHER, , ,		Date of Disbursement MM / DD / YYYY 09 / 15 / 2018	
Mailing Address 920 CASCADE WAY NW APT 310		FEC Identification Number C [REDACTED] Transaction ID : SB30B-1003 Amount of Each Disbursement this Period [REDACTED] 1536.75	
City MANDAN	State ND	Zip Code 58554	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] 3619.88
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

A. KOBUS, HEATHER, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 920 CASCADE WAY NW
APT 310

City MANDAN State ND Zip Code 58554

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 28 / 2018

FEC Identification Number: C

Transaction ID : SB30B-1004

Amount of Each Disbursement this Period: 1536.75

Memo Item

B. LUCERO, TERIN, , ,

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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 15 / 2018

FEC Identification Number: C

Transaction ID : SB30B-1005

Amount of Each Disbursement this Period: 523.63

Memo Item

C. LUCERO, TERIN, , ,

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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 28 / 2018

FEC Identification Number: C

Transaction ID : SB30B-1006

Amount of Each Disbursement this Period: 523.63

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2584.01

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, , ,

Mailing Address 1222 4TH AVE N
403

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) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB30B-1007
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. NUNNENKAMP, PHILIPPE, , ,

Mailing Address 1222 4TH AVE N
403

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) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB30B-1008
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. OLSON, TANNER, , ,

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) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB30B-1009
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 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. OLSON, TANNER, , ,		Date of Disbursement MM / DD / YYYY 09 / 28 / 2018	
Mailing Address 1029 N 5TH ST		FEC Identification Number C [REDACTED] Transaction ID : SB30B-1010 Amount of Each Disbursement this Period [REDACTED] 424.17	
City BISMARCK	State ND	Zip Code 58501	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. SANFORD, BYRON, , ,		Date of Disbursement MM / DD / YYYY 09 / 15 / 2018	
Mailing Address 1029 N 5TH ST		FEC Identification Number C [REDACTED] Transaction ID : SB30B-1011 Amount of Each Disbursement this Period [REDACTED] 1758.98	
City BISMARCK	State ND	Zip Code 58501	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. SANFORD, BYRON, , ,		Date of Disbursement MM / DD / YYYY 09 / 28 / 2018	
Mailing Address 1029 N 5TH ST		FEC Identification Number C [REDACTED] Transaction ID : SB30B-1012 Amount of Each Disbursement this Period [REDACTED] 1758.97	
City BISMARCK	State ND	Zip Code 58501	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] 3942.12
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. SCHEFTER, DAWSON, , ,		Date of Disbursement MM / DD / YYYY 09 / 15 / 2018	
Mailing Address 5000 28TH AVE S UNIT 304		FEC Identification Number C [REDACTED] Transaction ID : SB30B-1013 Amount of Each Disbursement this Period 1419.19	
City FARGO	State ND	Zip Code 58103	Category/ Type
Purpose of Disbursement PAYROLL		Memo Item <input type="checkbox"/>	
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:			

Full Name (Last, First, Middle Initial) B. SCHEFTER, DAWSON, , ,		Date of Disbursement MM / DD / YYYY 09 / 28 / 2018	
Mailing Address 5000 28TH AVE S UNIT 304		FEC Identification Number C [REDACTED] Transaction ID : SB30B-1014 Amount of Each Disbursement this Period 2012.94	
City FARGO	State ND	Zip Code 58103	Category/ Type
Purpose of Disbursement PAYROLL		Memo Item <input type="checkbox"/>	
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:			

Full Name (Last, First, Middle Initial) C. SPENCER, TYLER, , ,		Date of Disbursement MM / DD / YYYY 09 / 15 / 2018	
Mailing Address 108 KILLDEER RD		FEC Identification Number C [REDACTED] Transaction ID : SB30B-1015 Amount of Each Disbursement this Period 1502.17	
City WEBSTER	State MA	Zip Code 01570	Category/ Type
Purpose of Disbursement PAYROLL		Memo Item <input type="checkbox"/>	
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:			

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

4934.30

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. WILKINS, JACOB, , ,		Date of Disbursement MM / DD / YYYY 09 / 15 / 2018	
Mailing Address 1029 N 5TH ST		FEC Identification Number C [REDACTED] Transaction ID : SB30B-1016 Amount of Each Disbursement this Period [REDACTED] 2165.14	
City BISMARCK	State ND	Zip Code 58501	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. WILKINS, JACOB, , ,		Date of Disbursement MM / DD / YYYY 09 / 28 / 2018	
Mailing Address 1029 N 5TH ST		FEC Identification Number C [REDACTED] Transaction ID : SB30B-1018 Amount of Each Disbursement this Period [REDACTED] 2165.15	
City BISMARCK	State ND	Zip Code 58501	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. WINBAUER, COLE, , ,		Date of Disbursement MM / DD / YYYY 09 / 15 / 2018	
Mailing Address 3142 MORGAN CIRCLE		FEC Identification Number C [REDACTED] Transaction ID : SB30B-1017 Amount of Each Disbursement this Period [REDACTED] 1018.81	
City BISMARCK	State ND	Zip Code 58503	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] 5349.10
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. WINBAUER, COLE, , ,

Mailing Address 3142 MORGAN CIRCLE

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:

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB30B-1020
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. ADVANTAGE DIRECT

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:

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB30B-9999
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. PAYCHEX

Mailing Address 911 PANORAMA TRAIL S

City
ROCHESTER

State
NY

Zip Code
14625

Purpose of Disbursement
PAYROLL SVC/TAXES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB30B-1021
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 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. PAYCHEX

Mailing Address 911 PANORAMA TRAIL S

City ROCHESTER State NY Zip Code 14625

Purpose of Disbursement
PAYROLL SVC/TAXES

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 Y
09 / 28 / 2018

FEC Identification Number

C

Transaction ID : SB30B-1022
Amount of Each Disbursement this Period

4210.92

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 / 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 / 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)..... ▶

4210.92

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

37632.85

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 94 OF 152
	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 215.00	Transaction ID : SD10.11092	
Amount Incurred This Period 0.00	Payment This Period 215.00	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 177.50	Transaction ID : SD10.11629	
Amount Incurred This Period 0.00	Payment This Period 177.50	Outstanding Balance at Close of This Period 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 122.50	Transaction ID : SD10.11631	
Amount Incurred This Period 0.00	Payment This Period 122.50	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)..... ▶	0.00
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) ▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`ZG7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.11092

Payment of this transaction was part of the \$1920 expenditure disbursed on 9/21 and reported on Schedule E, page 111, section A of this report.

Form/Schedule: SD10

Transaction ID: SD10.11629

Payment of this transaction was part of the \$1920 expenditure disbursed on 9/21 and reported on Schedule E, page 111, section A of this report.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.11631

Payment of this transaction was part of the \$1920 expenditure disbursed on 9/21 and reported on Schedule E, page 111, section A of this report.

Form/Schedule:

Transaction ID:

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 97 OF 152
	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 220.00	Transaction ID : SD10.11636	
Amount Incurred This Period 0.00	Payment This Period 220.00	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 100.00	Transaction ID : SD10.11638	
Amount Incurred This Period 0.00	Payment This Period 100.00	Outstanding Balance at Close of This Period 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 200.00	Transaction ID : SD10.11640	
Amount Incurred This Period 0.00	Payment This Period 200.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)..... ▶	0.00
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) ▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`ZG7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.11636

Payment of this transaction was part of the \$1920 expenditure disbursed on 9/21 and reported on Schedule E, page 111, section A of this report.

Form/Schedule: SD10

Transaction ID: SD10.11638

Payment of this transaction was part of the \$1920 expenditure disbursed on 9/21 and reported on Schedule E, page 111, section A of this report.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.11640

Payment of this transaction was part of the \$1920 expenditure disbursed on 9/21 and reported on Schedule E, page 111, section A of this report.

Form/Schedule:

Transaction ID:

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 100 OF 152
	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 : SD10.11642	
140.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	140.00	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		Transaction ID : SD10.11644	
120.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	120.00	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		Transaction ID : SD10.11645	
100.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	100.00	0.00	

1) SUBTOTALS This Period This Page (optional)..... ▶	0.00
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) ▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`ZG7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.11642

Payment of this transaction was part of the \$1920 expenditure disbursed on 9/21 and reported on Schedule E, page 111, section A of this report.

Form/Schedule: SD10

Transaction ID: SD10.11644

Payment of this transaction was part of the \$1920 expenditure disbursed on 9/21 and reported on Schedule E, page 111, section A of this report.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.11645

Payment of this transaction was part of the \$1920 expenditure disbursed on 9/21 and reported on Schedule E, page 111, section A of this report.

Form/Schedule:

Transaction ID:

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 103 OF 152
	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 120.00	Transaction ID : SD10.11648	
Amount Incurred This Period 0.00	Payment This Period 120.00	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 240.00	Transaction ID : SD10.11651	
Amount Incurred This Period 0.00	Payment This Period 240.00	Outstanding Balance at Close of This Period 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 220.00	Transaction ID : SD10.11652	
Amount Incurred This Period 0.00	Payment This Period 220.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)..... ▶	0.00
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) ▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.11648

Payment of this transaction was part of the \$1920 expenditure disbursed on 9/21 and reported on Schedule E, page 111, section A of this report.

Form/Schedule: SD10

Transaction ID: SD10.11651

Payment of this transaction was part of the \$1920 expenditure disbursed on 9/21 and reported on Schedule E, page 111, section A of this report.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.11652

Payment of this transaction was part of the \$1920 expenditure disbursed on 9/21 and reported on Schedule E, page 111, section A of this report.

Form/Schedule:

Transaction ID:

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 106 OF 152
	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 210.00	Transaction ID : SD10.11659	
Amount Incurred This Period - 103.20	Payment This Period 106.80	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 212.50	Transaction ID : SD10.11660	
Amount Incurred This Period - 212.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 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 100.00	Transaction ID : SD10.11655	
Amount Incurred This Period - 100.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)..... ▶	0.00
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) ▶	

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.11659

Payment of this transaction was part of the \$1920 expenditure disbursed on 9/21 and reported on Schedule E of this report. This debt was originally reported as \$210 on page 68, section B, of the committee's September monthly report, originally filed on September 17, 2018. The originally reported debt was based upon an estimate. This corrected amount is based on the actual amount owed by the committee on August 31, 2018.

Form/Schedule: SD10

Transaction ID: SD10.11660

This debt was originally reported as \$212.50 on page 68, section C, of the committee's September monthly report, originally filed on September 17, 2018. The originally reported debt was based upon an estimate. This corrected amount is based on the actual amount owed by the committee on August 31, 2018.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.11655

This debt was originally reported as \$100 on page 69, section A, of the committee's September monthly report, originally filed on September 17, 2018. The originally reported debt was based upon an estimate. This corrected amount is based on the actual amount owed by the committee on August 31, 2018.

Form/Schedule:

Transaction ID:

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 109 OF 152
	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 : SD10.11657	
180.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
- 180.00	0.00	0.00	

B. 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			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

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			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)..... ▶	0.00
2) TOTALS This Period (last page this line number only)..... ▶	0.00
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) ▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.11657

This debt was originally reported as \$180 on page 69, section B, of the committee's September monthly report, originally filed on September 17, 2018. The originally reported debt was based upon an estimate. This corrected amount is based on the actual amount owed by the committee on August 31, 2018.

Form/Schedule:

Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) North Dakota Republican Party	FEC IDENTIFICATION NUMBER ▼ C C00018929
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item FORUM 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 : SE24-1.0001
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"/>		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 FORUM 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 : SE24-1.0002
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"/>		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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : SE24-1.0001

This payment to Forum Communications represents the actual amount owed at the end of August 2018. Estimates for the independent expenditures were reported on Schedule E, pages 70-77, of the Committee's M9 report, originally filed on September 17, 2018. Additionally, as this payment represents the balance owed for previously reported activity on Schedule D of the Committee's M9 report, there is no further debt to be reported upon the application of the payment.

Form/Schedule:

Transaction ID:

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
FORUM COMMUNICATIONS COMPANY
Mailing Address PO BOX 2020
City FARGO State ND Zip Code 58107
Purpose of Expenditure ADVERTISING
Name of Federal Candidate: HEITKAMP, HEIDI, ,
Calendar Year-To-Date Per Election for Office Sought 247856.08
Date of Public Distribution/Dissemination 09/01/2018
Amount 70.00
Transaction ID : SE24-1.0003
Date of Disbursement or Obligation 09/21/2018
Office Sought: Senate State: ND
Disbursement For: General 2018

Full Name of Payee
FORUM 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 247856.08
Date of Public Distribution/Dissemination 09/03/2018
Amount 260.00
Transaction ID : SE24-1.0004
Date of Disbursement or Obligation 09/21/2018
Office Sought: Senate State: ND
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 330.00
(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 09/26/2018

Signature

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

NAME OF COMMITTEE (In Full) North Dakota Republican Party	FEC IDENTIFICATION NUMBER ▼ C C00018929
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item FORUM 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 : SE24-1.0005		
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: HEITKAMP, HEIDI, , ,			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"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item FORUM 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 : SE24-1.0006		
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, , ,			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"/>			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"/>
(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]
Signature Date / /

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

NAME OF COMMITTEE (In Full) North Dakota Republican Party	FEC IDENTIFICATION NUMBER ▼ C C00018929
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item FORUM 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 : SE24-1.0007		
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: HEITKAMP, HEIDI, , ,			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"/> 247856.08			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item FORUM 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 : SE24-1.0008		
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, , ,			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"/> 247856.08			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"/> 140.00
(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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item FORUM 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 : SE24-1.0009		
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: HEITKAMP, HEIDI, , ,		<input type="checkbox"/> Support <input checked="" 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"/>		247856.08	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item FORUM 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 : SE24-1.0010		
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"/>		247856.08	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"/>
(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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item FORUM 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	60.00
Purpose of Expenditure ADVERTISING		Category/Type <input type="text"/>	Transaction ID : SE24-1.0011
Name of Federal Candidate: HEITKAMP, HEIDI, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		<input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: ND	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
247856.08		2018	

Full Name of Payee <input type="checkbox"/> Memo Item FORUM 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	200.00
Purpose of Expenditure ADVERTISING		Category/Type <input type="text"/>	Transaction ID : SE24-1.0012
Name of Federal Candidate: CRAMER, KEVIN, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		<input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: ND	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
247856.08		2018	

(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]
Signature Date / /

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

NAME OF COMMITTEE (In Full) North Dakota Republican Party	FEC IDENTIFICATION NUMBER ▼ C C00018929
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item FORUM 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 : SE24-1.0013
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: HEITKAMP, HEIDI, , ,		<input type="checkbox"/> Support <input checked="" 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"/>		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 FORUM 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 : SE24-1.0014
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"/>		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 FORUM 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 : SE24-1.0015		
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: HEITKAMP, HEIDI, , ,		<input type="checkbox"/> Support <input checked="" 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"/>		247856.08	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 FORUM 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 : SE24-1.0016		
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"/>		247856.08	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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item FORUM 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 : SE24-1.0017		
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: HEITKAMP, HEIDI, , ,			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"/> 247856.08			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item FORUM 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 : SE24-1.0018		
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, , ,			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"/> 247856.08			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"/> 440.00
(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
FORUM COMMUNICATIONS COMPANY
Mailing Address PO BOX 2020
City FARGO State ND Zip Code 58107
Purpose of Expenditure ADVERTISING
Name of Federal Candidate: HEITKAMP, HEIDI, ,
Calendar Year-To-Date Per Election for Office Sought 247856.08
Date of Public Distribution/Dissemination 09/15/2018
Amount 200.00
Transaction ID : SE24-1.0019
Date of Disbursement or Obligation 09/21/2018
Office Sought: Senate State: ND
Disbursement For: General 2018

Full Name of Payee
FORUM 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 247856.08
Date of Public Distribution/Dissemination 09/19/2018
Amount 280.00
Transaction ID : SE24-1.0020
Date of Disbursement or Obligation 09/21/2018
Office Sought: Senate State: ND
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 480.00
(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 09/26/2018

Signature

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

NAME OF COMMITTEE (In Full) North Dakota Republican Party	FEC IDENTIFICATION NUMBER ▼ C C00018929
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item FORUM 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"/> 280.00 Transaction ID : SE24-1.0021 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City FARGO	State ND	
Zip Code 58107	Category/ Type <input type="text"/>	
Purpose of Expenditure ADVERTISING		
Name of Federal Candidate: HEITKAMP, HEIDI, , ,		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"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 247856.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item FORUM 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"/> 200.00 Transaction ID : SE24-1.0022 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City FARGO	State ND	
Zip Code 58107	Category/ Type <input type="text"/>	
Purpose of Expenditure ADVERTISING		
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 checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 247856.08		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"/> 480.00
(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.

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Signature Date / /

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

NAME OF COMMITTEE (In Full) North Dakota Republican Party	FEC IDENTIFICATION NUMBER ▼ C C00018929
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item FORUM 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 : SE24-1.0023
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: HEITKAMP, HEIDI, , ,		<input type="checkbox"/> Support <input checked="" 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"/>		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 FORUM 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 : SE24-1.0024
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"/>		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]
Signature Date / /

**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 FORUM 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"/> 200.00		
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: HEITKAMP, HEIDI, , ,			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"/> 247856.08			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <input type="checkbox"/> Memo Item FORUM 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"/> 200.00		
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, , ,			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"/> 247856.08			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"/> 400.00
(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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item FORUM 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"/> 200.00
City FARGO	State ND	
Zip Code 58107	Purpose of Expenditure ADVERTISING	Transaction ID : SE24-1.0027
Category/Type <input type="text"/>		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: HEITKAMP, HEIDI, , ,		Office Sought: <input type="checkbox"/> House District: <u>00</u>
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		<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"/> 247856.08		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 VISA		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO BOX 4512		Amount <input type="text"/> 223.26
City CAROL STREAM	State IL	
Zip Code 60197	Purpose of Expenditure MEDIA PRODUCTION	Transaction ID : SE24-1.0028
Category/Type <input type="text"/>		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: HEITKAMP, HEIDI, , ,		Office Sought: <input type="checkbox"/> House District: <u>00</u>
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		<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"/> 247856.08		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"/> 423.26
(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 ADOBE
Mailing Address 345 PARK AVE
City SAN JOSE State CA Zip Code 95110
Purpose of Expenditure MEDIA PRODUCTION
Name of Federal Candidate: HEITKAMP, HEIDI, ,
Calendar Year-To-Date Per Election for Office Sought 247856.08
Date of Public Distribution/Dissemination 09/19/2018
Amount 153.36
Transaction ID : SE24-2.0000
Date of Disbursement or Obligation 09/21/2018
Office Sought: Senate State: ND
Disbursement For: General 2018

Full Name of Payee NEO SOUNDS
Mailing Address VICTORIA HOUSE 26 MAIN ST
SUITES 41/42
City GIBRALTER State ZZ Zip Code 99999
Purpose of Expenditure MEDIA PRODUCTION
Name of Federal Candidate: HEITKAMP, HEIDI, ,
Calendar Year-To-Date Per Election for Office Sought 247856.08
Date of Public Distribution/Dissemination 09/19/2018
Amount 69.90
Transaction ID : SE24-2.0001
Date of Disbursement or Obligation 09/21/2018
Office Sought: Senate State: ND
Disbursement For: General 2018

(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 09/26/2018
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: JUMP WORLDWIDE LLC
Mailing Address: PO BOX 99
City: CENTER CROSS, State: VA, Zip Code: 22437
Purpose of Expenditure: MEDIA PRODUCTION
Date of Public Distribution/Dissemination: 09/19/2018
Amount: 500.00
Transaction ID: SE24-1.0029
Date of Disbursement or Obligation: 09/21/2018
Name of Federal Candidate: HEITKAMP, HEIDI, , ,
Office Sought: Senate, State: ND
Disbursement For: General 2018
Calendar Year-To-Date Per Election for Office Sought: 247856.08

Full Name of Payee: LINCOLN STRATEGIES
Mailing Address: 740 S MILL AVE, SUITE 200
City: TEMPE, State: AZ, Zip Code: 85281
Purpose of Expenditure: MEDIA PLACEMENT
Date of Public Distribution/Dissemination: 09/19/2018
Amount: 575.00
Transaction ID: SE24-1.0030
Date of Disbursement or Obligation: 09/21/2018
Name of Federal Candidate: HEITKAMP, HEIDI, , ,
Office Sought: Senate, State: ND
Disbursement For: General 2018
Calendar Year-To-Date Per Election for Office Sought: 247856.08

(a) SUBTOTAL of Itemized Independent Expenditures 1075.00
(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 09/26/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) North Dakota Republican Party	FEC IDENTIFICATION NUMBER ▼ C C00018929
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item SCHEFTER, DAWSON, , ,		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 5000 28TH AVE S UNIT 304		Amount <input type="text"/>	
City FARGO	State ND	Zip Code 58103	Transaction ID : SE24-1.0031
Purpose of Expenditure PAYROLL-PRO-RATED MEDIA PRODUCTION		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: HEITKAMP, HEIDI, , ,		<input type="checkbox"/> Support <input checked="" 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"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item FORUM 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 : SE24-1.0032
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"/>		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"/>
(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
FORUM COMMUNICATIONS COMPANY
Mailing Address
PO BOX 2020
City
FARGO State
ND Zip Code
58107
Purpose of Expenditure
ADVERTISING
Date of Public Distribution/Dissemination
09 / 22 / 2018
Amount
240.00
Transaction ID : SE24-1.0033
Date of Disbursement or Obligation
09 / 21 / 2018
Name of Federal Candidate:
HEITKAMP, HEIDI, , ,
Support Oppose
Office Sought:
House Senate
District: 00 State: ND
Calendar Year-To-Date
Per Election for Office Sought
247856.08
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
VISA
Mailing Address
PO BOX 4512
City
CAROL STREAM State
IL Zip Code
60197
Purpose of Expenditure
MEDIA PRODUCTION
Date of Public Distribution/Dissemination
09 / 21 / 2018
Amount
188.31
Transaction ID : SE24-1.0034
Date of Disbursement or Obligation
09 / 21 / 2018
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
247856.08
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
428.31
(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 / 26 / 2018

Signature

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

NAME OF COMMITTEE (In Full) North Dakota Republican Party	FEC IDENTIFICATION NUMBER ▼ C C00018929
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee ADOBE <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 345 PARK AVE	Amount <input type="text"/> 153.36 Transaction ID : SE24-2.0002 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City SAN JOSE State CA Zip Code 95110	
Purpose of Expenditure MEDIA PRODUCTION Category/Type <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"/> 247856.08	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee NEO SOUNDS <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address VICTORIA HOUSE 26 MAIN ST SUITES 41/42	Amount <input type="text"/> 34.95 Transaction ID : SE24-2.0003 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City GIBRALTER State ZZ Zip Code 99999	
Purpose of Expenditure MEDIA PRODUCTION Category/Type <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"/> 247856.08	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
LINCOLN STRATEGIES
Mailing Address
740 S MILL AVE
SUITE 200
City
TEMPE
State
AZ
Zip Code
85281
Purpose of Expenditure
MEDIA PLACEMENT
Category/Type
Date of Public Distribution/Dissemination
09 / 21 / 2018
Amount
115.00
Transaction ID : SE24-1.0035
Date of Disbursement or Obligation
09 / 21 / 2018
Name of Federal Candidate:
CRAMER, KEVIN, ,
Support
Office Sought:
House
Senate
District: 00
State: ND
Calendar Year-To-Date
Per Election for Office Sought
247856.08
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
SCHEFTER, DAWSON, ,
Mailing Address
5000 28TH AVE S
UNIT 304
City
FARGO
State
ND
Zip Code
58103
Purpose of Expenditure
PAYROLL-PRO-RATED MEDIA PRODUCTION
Category/Type
Date of Public Distribution/Dissemination
09 / 21 / 2018
Amount
125.00
Transaction ID : SE24-1.0036
Date of Disbursement or Obligation
09 / 21 / 2018
Name of Federal Candidate:
CRAMER, KEVIN, ,
Support
Office Sought:
House
Senate
District: 00
State: ND
Calendar Year-To-Date
Per Election for Office Sought
247856.08
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 240.00
(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 / 26 / 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
FORUM 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 247856.08

Full Name of Payee
FORUM COMMUNICATIONS COMPANY
Mailing Address PO BOX 2020
City FARGO State ND Zip Code 58107
Purpose of Expenditure ADVERTISING
Name of Federal Candidate: HEITKAMP, HEIDI, , ,
Calendar Year-To-Date Per Election for Office Sought 247856.08

(a) SUBTOTAL of Itemized Independent Expenditures 400.00
(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 / 26 / 2018

Signature

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

NAME OF COMMITTEE (In Full) North Dakota Republican Party	FEC IDENTIFICATION NUMBER ▼ C C00018929
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item FORUM 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 : SE24-1.0039
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"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item FORUM 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 : SE24-1.0040
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: HEITKAMP, HEIDI, , ,		<input type="checkbox"/> Support <input checked="" 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"/>		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"/>
(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]
Signature Date / /

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

NAME OF COMMITTEE (In Full) North Dakota Republican Party	FEC IDENTIFICATION NUMBER ▼ C C00018929
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item FORUM 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 : SE24-1.0041		
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"/>		247856.08	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 FORUM 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 : SE24-1.0042		
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: HEITKAMP, HEIDI, , ,		<input type="checkbox"/> Support <input checked="" 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"/>		247856.08	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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item STORYTELLERS GROUP LLC			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address PO BOX 577001			Amount <input type="text"/>		
City CHICAGO	State IL	Zip Code 60657	Transaction ID : SE24-1.0043		
Purpose of Expenditure PRINTING/POSTAGE/PRODUCTION		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"/>		247856.08	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 STORYTELLERS GROUP LLC			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address PO BOX 577001			Amount <input type="text"/>		
City CHICAGO	State IL	Zip Code 60657	Transaction ID : SE24-1.0044		
Purpose of Expenditure PRINTING/POSTAGE/PRODUCTION		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: HEITKAMP, HEIDI, , ,		<input type="checkbox"/> Support <input checked="" 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"/>		247856.08	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 ▼ <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 type="checkbox"/> Memo Item FORUM COMMUNICATIONS COMPANY			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 26 / 2018
Mailing Address PO BOX 2020			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 240.00 </div> Transaction ID : SE24-1.0045 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 26 / 2018
City FARGO	State ND	Zip Code 58107	
Purpose of Expenditure ADVERTISING		Category/Type 	
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 <input type="checkbox"/> President District: <u>00</u> State: <u>ND</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 247856.08 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item FORUM COMMUNICATIONS COMPANY			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 26 / 2018
Mailing Address PO BOX 2020			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 240.00 </div> Transaction ID : SE24-1.0046 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 26 / 2018
City FARGO	State ND	Zip Code 58107	
Purpose of Expenditure ADVERTISING		Category/Type 	
Name of Federal Candidate: HEITKAMP, HEIDI, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: <u>00</u> State: <u>ND</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 247856.08 </div>		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;"> M M / D D / Y Y Y Y Y Y 480.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 0.00 </div>
(c) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 480.00 </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.

Signature HACKER, NICHOLAS, , ,

 [Electronically Filed]

 Date M M / D D / Y Y Y Y Y Y
 09 / 28 / 2018

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

NAME OF COMMITTEE (In Full) North Dakota Republican Party	FEC IDENTIFICATION NUMBER ▼ C C00018929
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item FORUM 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 : SE24-1.0047
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"/>		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 FORUM 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 : SE24-1.0048
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: HEITKAMP, HEIDI, , ,		<input type="checkbox"/> Support <input checked="" 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"/>		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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item STORYTELLERS GROUP LLC			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address PO BOX 577001			Amount <input type="text"/>		
City CHICAGO	State IL	Zip Code 60657	Transaction ID : SE24-1.0049		
Purpose of Expenditure PRINTING/POSTAGE/PRODUCTION		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"/>		247856.08	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 STORYTELLERS GROUP LLC			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address PO BOX 577001			Amount <input type="text"/>		
City CHICAGO	State IL	Zip Code 60657	Transaction ID : SE24-1.0050		
Purpose of Expenditure PRINTING/POSTAGE/PRODUCTION		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: HEITKAMP, HEIDI, , ,		<input type="checkbox"/> Support <input checked="" 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"/>		247856.08	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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item STORYTELLERS GROUP LLC			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address PO BOX 577001			Amount <input type="text"/>		
City CHICAGO	State IL	Zip Code 60657	Transaction ID : SE24-1.0051		
Purpose of Expenditure PRINTING/POSTAGE/PRODUCTION		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: HEITKAMP, HEIDI, , ,			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"/> 247856.08			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item VISA			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address PO BOX 4512			Amount <input type="text"/>		
City CAROL STREAM	State IL	Zip Code 60197	Transaction ID : SE24-1.0052		
Purpose of Expenditure MEDIA PRODUCTION		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: HEITKAMP, HEIDI, , ,			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"/> 247856.08			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"/> 18143.30
(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
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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 ADOBE <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 26 / 2018
Mailing Address 345 PARK AVE	Amount 383.40
City State Zip Code SAN JOSE CA 95110	
Purpose of Expenditure MEDIA PRODUCTION	
Name of Federal Candidate: HEITKAMP, HEIDI, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: ND
Calendar Year-To-Date Per Election for Office Sought 247856.08	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee NEO SOUNDS <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 26 / 2018
Mailing Address VICTORIA HOUSE 26 MAIN ST SUITES 41/42	Amount 69.90
City State Zip Code GIBRALTER ZZ 99999	
Purpose of Expenditure MEDIA PRODUCTION	
Name of Federal Candidate: HEITKAMP, HEIDI, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: ND
Calendar Year-To-Date Per Election for Office Sought 247856.08	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> 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 M M / D D / Y Y Y Y Y Y
09 / 28 / 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 JUMP WORLDWIDE LLC
Mailing Address PO BOX 99
City CENTER CROSS State VA Zip Code 22437
Purpose of Expenditure MEDIA PRODUCTION
Name of Federal Candidate: HEITKAMP, HEIDI, ,
Calendar Year-To-Date Per Election for Office Sought 247856.08
Date of Public Distribution/Dissemination 09/26/2018
Amount 500.00
Transaction ID : SE24-1.0053
Date of Disbursement or Obligation 09/26/2018
Office Sought: Senate State: ND
Disbursement For: General 2018

Full Name of Payee LINCOLN STRATEGIES
Mailing Address 740 S MILL AVE SUITE 200
City TEMPE State AZ Zip Code 85281
Purpose of Expenditure MEDIA PLACEMENT
Name of Federal Candidate: HEITKAMP, HEIDI, ,
Calendar Year-To-Date Per Election for Office Sought 247856.08
Date of Public Distribution/Dissemination 09/26/2018
Amount 1380.00
Transaction ID : SE24-1.0054
Date of Disbursement or Obligation 09/26/2018
Office Sought: Senate State: ND
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 1880.00
(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 09/28/2018
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; display: inline-block;"> 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 type="checkbox"/> Memo Item SCHEFTER, DAWSON, , ,			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 26 / 2018</div>
Mailing Address 5000 28TH AVE S UNIT 304			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">281.25</div>
City FARGO	State ND	Zip Code 58103	Transaction ID : SE24-1.0055 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 26 / 2018</div>
Purpose of Expenditure PAYROLL-PRO-RATED MEDIA PRODUCTION		Category/Type 	Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose HEITKAMP, HEIDI, , ,
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">247856.08</div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: ND Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item FORUM COMMUNICATIONS COMPANY			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 29 / 2018</div>
Mailing Address PO BOX 2020			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">400.00</div>
City FARGO	State ND	Zip Code 58107	Transaction ID : SE24-1.0056 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 28 / 2018</div>
Purpose of Expenditure ADVERTISING		Category/Type 	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CRAMER, KEVIN, , ,
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">247856.08</div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: ND 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; display: inline-block;">681.25</div>
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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, , , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
 Signature 09 / 28 / 2018

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

NAME OF COMMITTEE (In Full) North Dakota Republican Party	FEC IDENTIFICATION NUMBER ▼ C C00018929
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item FORUM 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 : SE24-1.0057
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"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item FORUM 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 : SE24-1.0058
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: HEITKAMP, HEIDI, , ,		<input type="checkbox"/> Support <input checked="" 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"/>		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"/>
(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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item FORUM 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"/> 200.00
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"/> 247856.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item FORUM 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"/> 200.00
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: HEITKAMP, HEIDI, , ,		<input type="checkbox"/> Support <input checked="" 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"/> 247856.08		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"/> 400.00
(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
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item FORUM 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 : SE24-1.0061		
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"/>		247856.08	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 FORUM 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 : SE24-1.0062		
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: HEITKAMP, HEIDI, , ,		<input type="checkbox"/> Support <input checked="" 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"/>		247856.08	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 H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
North Dakota Republican Party

NAME OF ACCOUNT NORTH DAKOTA REPUBLICAN PARTY	DATE OF RECEIPT MM / DD / YYYY 09 / 30 / 2018	TOTAL AMOUNT TRANSFERRED 30632.15
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BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	30632.15
Transaction ID : H3.10001	
ii) Generic Voter Drive	
iii) Exempt Activities	
iv) Direct Fundraising (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising	
v) Direct Candidate Support (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support	
vi) Public Communications Referring Only to Party (Made by PAC)	

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	30632.15
TOTAL This Period (Generic Voter Drive)	0.00
TOTAL This Period (Exempt Activities)	0.00
TOTAL This Period (Direct Fundraising)	0.00
TOTAL This Period (Direct Candidate Support)	0.00
TOTAL This Period (Public Communications Referring Only to Party)	0.00
TOTAL This Period (Total Amount Transferred)	30632.15

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 : SB21A.20000 CMDI. Mailing Address 1593 SPRING HILL RD, STE 400. City TYSONS CORNER, State VA, Zip Code 22182. Purpose of Disbursement: DATABASE MANAGEMENT SVC. Activity or Event Identifier: ADMINISTRATIVE. Allocated Activity or Event: Administrative. Date 09/12/2018. FEDERAL SHARE 168.00, NONFEDERAL SHARE 632.00, TOTAL AMOUNT 800.00.

Form B: Full Name (Last, First, Middle Initial) Transaction ID : SB21A.20001 BUZZ360 LLC. Mailing Address 1406 W LAKE #210. City MINNEAPOLIS, State MN, Zip Code 55408. Purpose of Disbursement: WEB SERVICE. Activity or Event Identifier: ADMINISTRATIVE. Allocated Activity or Event: Administrative. Date 09/07/2018. FEDERAL SHARE 73.50, NONFEDERAL SHARE 276.50, TOTAL AMOUNT 350.00.

Form C: Full Name (Last, First, Middle Initial) Transaction ID : SB21A.20002 MONTANA-DAKOTA UTILITIES. Mailing Address PO BOX 5600. City BISMARCK, State ND, Zip Code 58506. Purpose of Disbursement: UTILITIES. Activity or Event Identifier: ADMINISTRATIVE. Allocated Activity or Event: Administrative. Date 09/04/2018. FEDERAL SHARE 89.98, NONFEDERAL SHARE 338.50, TOTAL AMOUNT 428.48.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 331.48, 1247.00, 1578.48.

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 are empty.

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 : SB21A.20003 <input type="checkbox"/> Memo Item			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC			
CITY OF BISMARCK Mailing Address PO BOX 5503			Allocated Activity or Event Year-To-Date 101833.82			
City BISMARCK	State ND	Zip Code 58506	Date: MM / DD / YYYY 09 / 07 / 2018			
Purpose of Disbursement: UTILITIES		Category/ Type	Allocated Activity or Event Year-To-Date 101833.82			
Activity or Event Identifier: ADMINISTRATIVE			Date: MM / DD / YYYY 09 / 07 / 2018			
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
11.35			42.68			54.03

B. Full Name (Last, First, Middle Initial) Transaction ID : SB21A.20004 <input type="checkbox"/> Memo Item			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC			
BRADY MARTZ & ASSOCIATES PC Mailing Address PO Box 1297			Allocated Activity or Event Year-To-Date 105558.82			
City BISMARCK	State ND	Zip Code 58502	Date: MM / DD / YYYY 09 / 04 / 2018			
Purpose of Disbursement: ACCOUNTING SERVICES		Category/ Type	Allocated Activity or Event Year-To-Date 105558.82			
Activity or Event Identifier: ADMINISTRATIVE			Date: MM / DD / YYYY 09 / 04 / 2018			
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
782.25			2942.75			3725.00

C. Full Name (Last, First, Middle Initial) Transaction ID : SH.50000 <input type="checkbox"/> Memo Item			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC			
CARDMEMBER SERVICES Mailing Address PO BOX 790408			Allocated Activity or Event Year-To-Date 105631.11			
City ST LOUIS	State MO	Zip Code 63179	Date: MM / DD / YYYY 09 / 24 / 2018			
Purpose of Disbursement: CREDIT CARD PAYMENT		Category/ Type	Allocated Activity or Event Year-To-Date 105631.11			
Activity or Event Identifier: ADMINISTRATIVE			Date: MM / DD / YYYY 09 / 24 / 2018			
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
15.18			57.11			72.29

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
808.78			3042.54			3851.32

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	
[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: Full Name (Last, First, Middle Initial) Transaction ID : SH-60001 MICROSOFT. 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 : SH-60002 CARDMEMBER SERVICES. 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 : SH60003 ADOBE. 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: 0.00, 0.00, 0.00.

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

A. Full Name (Last, First, Middle Initial) Transaction ID : SB21A.20006
MARC0
Mailing Address PO BOX 660831
City DALLAS State TX Zip Code 75266
Purpose of Disbursement: EQUIPMENT RENTAL
Activity or Event Identifier: ADMINISTRATIVE
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date 106113.46
Date 09/24/2018
FEDERAL SHARE 101.29 + NONFEDERAL SHARE 381.06 = TOTAL AMOUNT 482.35

B. Full Name (Last, First, Middle Initial) Transaction ID : SB21A.20007
MIDCONTINENT COMMUNICATIONS
Mailing Address PO BOC 5010
City SIOUX FALLS State SD Zip Code 57117
Purpose of Disbursement: UTILITIES
Activity or Event Identifier: ADMINISTRATIVE
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date 106448.50
Date 09/24/2018
FEDERAL SHARE 70.36 + NONFEDERAL SHARE 264.68 = TOTAL AMOUNT 335.04

C. Full Name (Last, First, Middle Initial) Transaction ID : SB21A.20008
RED CURVE
Mailing Address 138 CONANT ST
City BEVERLY State MA Zip Code 01915
Purpose of Disbursement: COMPLIANCE CONSULTING
Activity or Event Identifier: ADMINISTRATIVE
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date 108198.50
Date 09/24/2018
FEDERAL SHARE 367.50 + NONFEDERAL SHARE 1382.50 = TOTAL AMOUNT 1750.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 539.15, 2028.24, 2567.39

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 are empty.

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 : SB21A.20009 WASTE MANAGEMENT OF WI-MN. 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 : SB21A.20010 RAMBOUGH, JANEAN, M, . 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 : SB21A.20011 RAMBOUGH, JANEAN, M, . 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: 744.35, 2800.14, 3544.49.

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

A. Full Name (Last, First, Middle Initial) Transaction ID : SB21A.20012 <input type="checkbox"/> Memo Item MONTANA-DAKOTA UTILITIES			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC			
Mailing Address PO BOX 5600			Allocated Activity or Event Year-To-Date 112038.51			
City BISMARCK	State ND	Zip Code 58506	Date: MM / DD / YYYY 09 / 28 / 2018			
Purpose of Disbursement: UTILITIES		Category/ Type	Allocated Activity or Event Year-To-Date 112038.51			
Activity or Event Identifier: ADMINISTRATIVE			Date: MM / DD / YYYY 09 / 28 / 2018			
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
62.06			233.46			295.52

B. Full Name (Last, First, Middle Initial) Transaction ID : SB21A.20013 <input type="checkbox"/> Memo Item PAYCHEX			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC			
Mailing Address 911 PANORAMA TRAIL S			Allocated Activity or Event Year-To-Date 112702.61			
City ROCHESTER	State NY	Zip Code 14625	Date: MM / DD / YYYY 09 / 15 / 2018			
Purpose of Disbursement: PAYROLL SVC/TAXES		Category/ Type	Allocated Activity or Event Year-To-Date 112702.61			
Activity or Event Identifier: ADMINISTRATIVE			Date: MM / DD / YYYY 09 / 15 / 2018			
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
139.46			524.64			664.10

C. Full Name (Last, First, Middle Initial) Transaction ID : SB21A.20014 <input type="checkbox"/> Memo Item PAYCHEX			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC			
Mailing Address 911 PANORAMA TRAIL S			Allocated Activity or Event Year-To-Date 113366.71			
City ROCHESTER	State NY	Zip Code 14625	Date: MM / DD / YYYY 09 / 28 / 2018			
Purpose of Disbursement: PAYROLL SVC/TAXES		Category/ Type	Allocated Activity or Event Year-To-Date 113366.71			
Activity or Event Identifier: ADMINISTRATIVE			Date: MM / DD / YYYY 09 / 28 / 2018			
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
139.46			524.64			664.10

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
340.98		1282.74		1623.72

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
2764.74	10400.66	13165.40