

FILE WITH CITY AUDITOR
Deadline to file: April 8, 2024 at 4:00 PM

Secretary of State State of North Dakota 600 E Boulevard Ave Dept 108 Bismarck ND 58505-0500 Telephone: (701) 328-4146 Toll-Free: (800) 352-0867, option 6

Fax: (701) 328-3413 Email: soselect@nd.gov Website: Vote.ND.Gov

References to the Statement of Interests are found in North Dakota Century Code, Chapter 16.1-09.

FILING REQUIREMENTS FOR STATEMENT OF INTERESTS

- 1. Every candidate for elective office shall file a Statement of Interests with the appropriate filing officer with whom the candidate filed his/her Certificate of Endorsement (SFN 17196) or Petition/Certificate of Nomination (SFN 02704).
 - a. Candidates for President and Vice President of the United States shall file with the Secretary of State either a Statement of Interests as required by Chapter 16.1-09 of the North Dakota Century Code or a copy of the personal disclosure statement required by the Federal Election Commission.
 - b. Candidates for US Senate and US House of Representatives shall with the Secretary of State or a copy of the personal disclosure statement required by the Federal Election Commission.
 - c. Candidates for statewide, legislative, or judicial office shall file with the Secretary of State.
 - d. Candidates for Garrison Conservancy, Soil Conservation, or county offices shall file with the County Auditor in their county of residency.
 - e. Candidates for city offices shall file with the City Auditor.
 - f. Candidates for school district offices shall file with the School Business Manager of the school district.

The Statement of Interest must be filed at the same time a Petition/Certificate of Nomination or Certificate of Endorsement is filed.

Candidates filing a Statement of Interests for the primary election need not re-file for the general election.

- 2. Every person appointed by the Governor to a state agency, board, bureau, commission, department, or occupation or professional licensing board must file a Statement of Interests with the Secretary of State no later than the announcement of the appointment.
- 3. When to File: Every candidate for elective office must file a Statement of Interests with the appropriate filing officer at the same time as filing his/her Certificate of Endorsement (SFN 17196) or Petition/Certificate of Nomination (SFN 02704) and Affidavit of Candidacy (SFN 02703). Appointees of the Governor shall file a Statement of Interests no later than the announcement of the appointment.

SPECIAL NOTES: Items B, C, and D of this form have limited space for listing items. If you need more space, attach additional sheets in the same format and clearly identify which of the three items (B, C, or D) the additional sheet continues. Attach the additional sheets to this form. Use an "X" to indicate the "interest" relationship for (a) yourself or (b) your spouse. You are not required to list dollar amounts or the nature of the work performed in Items B, C, or D.

ASSISTANCE: Questions regarding the Statement of Interests may be directed to the Elections Unit of the Secretary of State's office at (701) 328-4146 or (800) 352-0867 (option 6), or the appropriate filing officer.

Name of candidate or appointee			Telephone number		
Spouse's name		Non-Government Email address (required)			
Address		State	ZIP code		
ΩP	Position to which appointed				
OIX	NA				
	OR	City Position to which appointed	Non-Government Email address (required) City State Position to which appointed		

Choose One:

- 1. City Council full term
- Park Board- full term
- 3. Park Board unexpired term

ITEM A - PRINCIPAL OCCUPATION: The occupations listed are those defined on the North Dakota state income tax return. Check only one category for the principal source of income for yourself, and only one for your spouse. Please mark and complete the box labeled "Other" if you or your spouse's occupation is not listed.								
Name of business or employer								
PRINCIPAL OCCUPATION/SO Farmer Business owner Other	OURCE OF INCOME (chec Military Laborer	ck one)	Investor or retired Professional		Clerical and sales Craftsman	_	Government er	mployee
Spouse's name of business or	employer							
SPOUSE'S PRINCIPAL OCCU	UPATION/SOURCE OF INC	COME (ch	eck one)					
Farmer Business owner Other	☐ Military ☐ Laborer		Investor or retired Professional		Clerical and sales Craftsman	☐ Government employee☐ Student		
ITEM B - List by name each interest. Include any of the		is NOT th	ne principal source of	income	e, in which you and/or y	your spou	ise have a fii	nancial
Any business or tri	ust in which you and/or y	your spou	ıse own a legal or equ	uitable	interest.			
stocks, mutual fun	rust in which you and/or y lds, bonds, debentures, o sified portfolios need only	or debt ob	oligations of corporation	ons and	d/or municipal corpora			
3. Any business or tr	rust from which you and/o	or your sp	oouse receive comper	nsation	ı.			
4. Any business or trust paying you and/or your spouse a fee or commission for professional or consulting services. Include those public agencies from which you and/or your spouse received a fee or commission. Attorneys and others who list their principal occupation as "professional" are not required to list clients.								
5. Public agencies (s	state or local) to which yo	ou and/or	your spouse sold goo	ods or s	services.			
BU	USINESS NAME OR TRUS	ST NAME (include city and state	where I	ocated)		SELF	SPOUSE
EXAM	PLE: Make Me A Lot of Me	oney Inve	stment Co. (Mutual Fu	nds) Bi	smarck, ND		х	х
							1	

ITEM C - List the associations or institutions with which you and/or your spouse are closely associated, or serve as a director or officer of, AND which may be affected by legislative action (for legislative candidates) or action of the officeholder of the office to which you are a candidate or appointee.

- 1. List organizations and associations and note the capacity of your and/or your spouse's relationship such as "member," "board of directors," "consultant," etc.
- 2. Place an "X" to indicate the interested party.

ASSOCIATION OR INSTITUTION	CAPACITY	SELF	SPOUSE

ITEM D - Identify by name any **business office**, **business directorship**, **and fiduciary relationship** that you and/or your spouse have held in the preceding calendar year.

- 1. Fiduciary means acting as a guardian, trustee, executor, administrator, or conservator for any person, whether individual or corporate. Specify the capacity of the relationship of you and/or your spouse for any of the listed businesses, trusts and/or fiduciary relationships, such as "director," "executor," "trustee," etc.
- 2. Place an "X" to indicate the interested party.

ASSOCIATION OR INSTITUTION	CAPACITY	SELF	SPOUSE

AFFIDAVIT

I, the undersigned, declare this Statement of Interests has been examined by me and to the best of my knowledge is a true, correct, and
complete statement of my financial interests. I understand any intentional violation of the law requiring the filing of this statement shall result in
my being deprived of my appointment or assuming the duties of the elective office.

Signature of candidate or appointee	Date