



**STATEMENT OF INTERESTS**  
**SECRETARY OF STATE**  
 SFN 10172 (08-13)

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  
 Fax 701-328-3413  
 Web Site: [www.nd.gov/sos/electvote](http://www.nd.gov/sos/electvote)

**SEE BACK PAGE FOR INSTRUCTIONS**

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 2704.
  - 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 statewide office shall file with the Secretary of State.
  - c. Candidates for legislative office shall file with the Secretary of State.
  - d. Candidates for Garrison Conservancy and Soil Conservation district shall file with the County Auditor in their county of residence.
  - e. Candidates for District Judge shall file with the Secretary of State.
  - f. Candidates for county offices shall file with the County Auditor.
  - g. Candidates for city offices shall file with the City Auditor.
  - h. Candidates for school district offices shall file with the School Business Manager of the school district.

The Statement of Interests shall 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 refile 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 shall file a Statement of Interests with the Secretary of State no later than the announcement of the appointment.

Please refer to the instructions provided on back of the Statement of Interests for answering specific questions before completing this form.

**Please print**

Name (Name of candidate or appointee)		Telephone Number	
Spouse's name			
Address	City	State	Zip Code

Office which candidate is seeking	<b>OR</b>	Position to which appointed
-----------------------------------	-----------	-----------------------------

**ITEM A**

Name of business or employer:					
<b>PRINCIPAL OCCUPATION/SOURCE OF INCOME (Check One)</b>					
<input type="checkbox"/> Farmer	<input type="checkbox"/> Military	<input type="checkbox"/> Investor or Retired	<input type="checkbox"/> Clerical & Sales	<input type="checkbox"/> Government Employee	
<input type="checkbox"/> Business Owner	<input type="checkbox"/> Laborer	<input type="checkbox"/> Professional	<input type="checkbox"/> Craftsman	<input type="checkbox"/> Student	
<input type="checkbox"/> Other _____					

Name of business or employer:					
<b>SPOUSE'S PRINCIPAL OCCUPATION/SOURCE OF INCOME (Check One)</b>					
<input type="checkbox"/> Farmer	<input type="checkbox"/> Military	<input type="checkbox"/> Investor or Retired	<input type="checkbox"/> Clerical & Sales	<input type="checkbox"/> Government Employee	
<input type="checkbox"/> Business Owner	<input type="checkbox"/> Laborer	<input type="checkbox"/> Professional	<input type="checkbox"/> Craftsman	<input type="checkbox"/> Student	
<input type="checkbox"/> Other _____					



Please print

**ITEM D**

Identify below by name, any business offices, business directorships, and fiduciary relationships that you and/or your spouse have held in the preceding year.

Place an "X" to indicate the interested party.

[BUSINESS OR TRUST (list city and state where located)]	CAPACITY	SELF	SPOUSE

**AFFIDAVIT**  
(Sign before a commissioned Notary)

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

State of \_\_\_\_\_  
County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(NOTARY STAMPING DEVICE)

\_\_\_\_\_  
Signature of Notarial Officer

## INSTRUCTIONS FOR STATEMENT OF INTERESTS

**WHO FILES:** The Statement of Interests must be filed by all candidates seeking to have their name placed on the ballot for federal, statewide, judicial district, legislative, county, multi-district, city, and school district office. Every person appointed by the Governor to a state agency, board, bureau, commission, department, or occupation or professional licensing board shall also file a Statement of Interests.

**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 2704 and Affidavit of Candidacy SFN 2703. Appointees of the Governor shall file a Statement of Interests no later than the announcement of the appointment.

### WHERE TO FILE:

**FEDERAL, STATEWIDE, JUDICIAL, AND LEGISLATIVE DISTRICT CANDIDATES** - File with the Secretary of State

Secretary of State  
State of North Dakota  
600 E Boulevard Ave Dept 108  
Bismarck ND 58505-0500

**APPOINTEES OF THE GOVERNOR** - File with the Secretary of State

**COUNTY AND MULTI-DISTRICT CANDIDATES** - File with the County Auditor in their county of residence

**CITY CANDIDATES** - File with the City Auditor

**SCHOOL DISTRICT CANDIDATES** - File with the School Business Manager

### HOW TO FILE:

**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.

**ITEM B** - List by name each **business or trust** that is **NOT** the principal source of income, in which you and/or your spouse have a financial interest. Include any of the following that apply:

1. Any business or trust in which you and/or your spouse own a legal or equitable interest.
2. Any business or trust in which you and/or your spouse have investments. Include the name of the business or trust of which you have stocks, mutual funds, bonds, debentures, or debt obligations of corporations and/or municipal corporations. Financial interests that are contained in diversified portfolios need only be mentioned by the brokerage establishment it is with.
3. Any business or trust from which you and/or your spouse receive compensation.
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 (state or local) to which you and/or your spouse sold goods or services.

**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.

List organizations and associations and note the capacity of you and/or your spouse's relationship such as "member", "board of directors", "consultant", etc.

**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.

**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.

### 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. Insert the additional sheets into 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 Division of the Secretary of State's Office at (701) 328-4146 or (800) 352-0867 or the appropriate filing officer.