



**CAMPAIGN CONTRIBUTION STATEMENT  
LEGISLATIVE CANDIDATES**  
SECRETARY OF STATE  
SFN 53966 (11-09)

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)

Campaign contribution reporting provisions are found in North Dakota Century Code, Chapter 16.1-08.1.

Please print.

**Section A**

Name of legislative candidate seeking or holding office			
Office candidate is seeking or currently holding (include legislative district number)			
Political party affiliation of candidate	<input type="checkbox"/> Democratic - NPL	<input type="checkbox"/> Republican	<input type="checkbox"/> Independent
	<input type="checkbox"/> No-Party	<input type="checkbox"/> Other	
Candidate address (street address or post office box)	City	State	Zip Code
Name of person completing this report			Daytime Telephone Number

**Section B**

TYPE OF REPORT	ELECTION DATE	REPORT DUE DATE	REPORT COVERS
<input type="checkbox"/> PRE-PRIMARY ELECTION REPORT		Due twelve days before the election	January 1 through twenty days before election
<input type="checkbox"/> PRE-GENERAL ELECTION REPORT			
<input type="checkbox"/> PRE-SPECIAL ELECTION REPORT			
<input type="checkbox"/> YEAR END REPORT		January 31 each year	Entire calendar year
<input type="checkbox"/> 48-HOUR REPORT		Within 48 hours if a contribution in excess of \$500 is received within 20 days before the election	Twenty day period before election
<input type="checkbox"/> AMENDED (also mark applicable report being amended above)			

**Section C**

I, \_\_\_\_\_, certify that I have examined this Campaign Contribution Statement, including any attached addenda for filing with this statement, and to the best of my knowledge and belief it is true, correct and complete.

Print name of person completing this report

\_\_\_\_\_

Signature of person completing this report

\_\_\_\_\_

Date

## REPORTING REQUIREMENTS

**LEGISLATIVE CANDIDATES:** A Legislative candidate who is soliciting or accepting contributions for any political purpose must file a Campaign Contribution Statement. The statement must include the name and mailing address of all contributors whom contributed in excess of \$200 in the aggregate during the reporting period, the amount of each reportable contribution, and the date the most recent contribution was received. On contributions of \$5,000 or more you need to disclose the occupation, employer and principal place of business of the contributor. **Schedule #1** is for reporting contributions received in excess of \$200 and under \$5,000. **Schedule #2** is for reporting contributions of \$5,000 or more.

**Even if a candidate has not received any contributions in excess of \$200 during the reporting period, the candidate must file a statement, as required by Chapter 16.1-08.1 of the North Dakota Century Code, indicating that no reportable contributions were received. The boxes "No reportable contributions for reporting period" and "No reportable contributions since last report filed" are provided on Schedule # 1 for this purpose.**

### **TYPES OF REPORTABLE CONTRIBUTIONS:**

A gift, transfer, conveyance, provision, receipt, subscription, loan, advance, deposit of money, or anything of value, made for the purpose of influencing the nomination for election, or election, of any person to public office or aiding or opposing the circulation or passage of a statewide initiative or referendum petition or measure.

The term also means a contract, promise, or agreement, express or implied, whether or not legally enforceable, to make a contribution for any of the above purposes.

The term includes funds received by a candidate for public office or a political party or committee, which are transferred or signed over to that candidate, party, or committee from another candidate, party, or political committee or other source.

The term "anything of value" includes any good or service of more than a nominal value. The term "nominal value" means the cost, price, or worth of the good or service is trivial, token, or of no appreciable value. The term "contribution" does not include:

1. A loan of money from a bank or other lending institution made in the regular course of business.
2. Time spent by volunteer campaign or political party workers.
3. Money spent by a candidate on the candidate's own behalf.
4. Money or anything of value received for commercial transactions, including rents, advertising, or sponsorships made as a part of a fair market value bargained-for exchange.
5. Money or anything of value received by a candidate in that person's personal capacity, including pursuant to a contract or agreement made for personal or private employment purposes, and not received for a political purpose or to influence the performance of that person's official duty.
6. Contributions of products or services for which the actual cost or fair market value are reimbursed by a payment of money.

## INSTRUCTIONS FOR CAMPAIGN CONTRIBUTION STATEMENT

**SECTION A:** Campaign Contribution Statements must include information pertaining to the legislative candidate for contact information purposes. The statement must indicate the full name of the candidate, the office the candidate is seeking or currently holding, along with the political party affiliation of the candidate, the person completing the report and a daytime telephone number.

**SECTION B:** Campaign Contribution Statements must indicate whether the report is a pre-primary, pre-general, pre-special, year-end, 48-hour or amended report.

**SECTION C:** The person completing the report must certify that the information contained in the report is true, correct, and complete by signing and dating the Campaign Contribution Statement.

Aggregate contributions must reference the date of the most recent contribution. Contributions made separately by different persons from joint accounts are considered separate contributions for reporting purposes.

**FILING INSTRUCTIONS:** Campaign Contribution Statements are deemed properly filed when deposited with or delivered to the Secretary of State within the prescribed time. A statement that is mailed is deemed properly filed when it is postmarked and directed to the Secretary of State within the prescribed time. If a statement is not received by the Secretary of State, a duplicate of the statement must be promptly filed upon notice by the Secretary of State of its nonreceipt.

### **WHERE TO FILE:**

Secretary of State, State of North Dakota  
600 E Boulevard Ave Dept 108  
Bismarck ND 58505-0500 Fax 701-328-3413

**SCHEDULE # 1 - Contributions Received In Excess of \$200 and under \$5,000**

Attach additional pages if necessary. Please print.

- No reportable contributions for reporting period.
- No reportable contributions since last report filed.

CONTRIBUTOR NAME	ADDRESS	AGGREGATE CONTRIBUTIONS	DATE OF MOST RECENT CONTRIBUTION MONTH/DAY/YEAR
EXAMPLE DOE, JOHN	100 1ST AVENUE ----- BISMARCK ND 58501	\$ 250	03/15/08

	CONTRIBUTOR NAME (last name, first name)	ADDRESS	AGGREGATE CONTRIBUTIONS	DATE OF MOST RECENT CONTRIBUTION MONTH/DAY/YEAR
1		-----	\$	
2		-----	\$	
3		-----	\$	
4		-----	\$	
5		-----	\$	
6		-----	\$	
7		-----	\$	
8		-----	\$	
9		-----	\$	
10		-----	\$	
11		-----	\$	
12		-----	\$	
13		-----	\$	

**SCHEDULE # 2 - Contributions Received of \$5,000 or more**

Attach additional pages if necessary. Please print.

CONTRIBUTOR NAME	ADDRESS	AGGREGATE CONTRIBUTIONS	DATE OF MOST RECENT CONTRIBUTION MONTH/DAY/YEAR
EXAMPLE DOE, JOHN	100 1ST AVENUE ----- BISMARCK ND 58501	\$ 5,000	03/15/08
OCCUPATION : DOCTOR	EMPLOYER: GENERAL HOSPITAL	PRINCIPAL PLACE OF BUSINESS ADDRESS: ABC STREET, BISMARCK, ND 58501	

CONTRIBUTOR NAME (last name, first name)	ADDRESS	AGGREGATE CONTRIBUTIONS	DATE OF MOST RECENT CONTRIBUTION MONTH/DAY/YEAR
1	----- -----	\$	
OCCUPATION :	EMPLOYER:	PRINCIPAL PLACE OF BUSINESS ADDRESS:	
2	----- -----	\$	
OCCUPATION :	EMPLOYER:	PRINCIPAL PLACE OF BUSINESS ADDRESS:	
3	----- -----	\$	
OCCUPATION :	EMPLOYER:	PRINCIPAL PLACE OF BUSINESS ADDRESS:	
4	----- -----	\$	
OCCUPATION :	EMPLOYER:	PRINCIPAL PLACE OF BUSINESS ADDRESS:	
5	----- -----	\$	
OCCUPATION :	EMPLOYER:	PRINCIPAL PLACE OF BUSINESS ADDRESS:	
6	----- -----	\$	
OCCUPATION :	EMPLOYER:	PRINCIPAL PLACE OF BUSINESS ADDRESS:	
7	----- -----	\$	
OCCUPATION :	EMPLOYER:	PRINCIPAL PLACE OF BUSINESS ADDRESS:	
8	----- -----	\$	
OCCUPATION :	EMPLOYER:	PRINCIPAL PLACE OF BUSINESS ADDRESS:	