



**CAMPAIGN CONTRIBUTION STATEMENT  
STATEWIDE CANDIDATES AND CANDIDATE  
COMMITTEES**  
SECRETARY OF STATE  
SFN 53967 (01-2011)

Secretary of State  
State of North Dakota  
600 E Boulevard Ave Dept 108  
Bismarck ND 58505-0500  
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Toll Free 800-352-0867  
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Web Site: www.nd.gov/sos/electvote

**SEE REVERSE SIDE FOR REPORTING REQUIREMENTS AND INSTRUCTIONS**

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

**Please print.**

**Section A**

|  |   |                                     |                                      |
|--|---|-------------------------------------|--------------------------------------|
| Name of candidate seeking or holding office and/or candidate committee if applicable (e.g. John Doe, John Doe for Treasurer) |   |                                     |                                      |
| Office candidate is seeking or currently holding   |   |                                     |                                      |
| 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 or Candidate Committee 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** (This section does not apply to 48-hour reports)

|  |          |
|--|----------|
| Cash on hand in fund at <u>beginning</u> of reporting period (January 1 or date of committee registration) | \$ _____ |
| Cash on hand in fund at <u>end</u> of reporting period   | \$ _____ |
| Gross total of all contributions received in excess of \$200   | \$ _____ |
| Gross total of all contributions received of \$200 or less   | \$ _____ |

**Section D**

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

**CANDIDATES AND CANDIDATE COMMITTEES:** Candidates or candidate committee that are soliciting or accepting contributions for any political purpose shall file a campaign contribution statement. The statement must include the gross total of all contributions received, 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 all contributions of \$5,000 or more you need to disclose the occupation, employer and principal place of business of the contributor. Candidates and candidate committees are also required to report total cash on hand in the filer's account at the start and close of a reporting period. **Note:** **Schedule 2** is for reporting contributions of \$5,000 or more being additional information is required to be given on these particular contributors.

**Even if a candidate or candidate committee has not received a contribution in excess of \$200 during the reporting period, the candidate or candidate committee 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 candidate and the candidate's committee, if applicable, for contact information purposes. The statement must indicate the name of the person completing the report, daytime telephone number, full name of the candidate, the office the candidate is seeking along with the political party affiliation of the candidate if applicable.

**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:** Enter cash on hand at the start of the reporting period. That would be January 1 of the reporting year or registration date of your committee. Enter cash on hand at end of the reporting period. Enter the gross total of all contributions received for reporting period. This section does not apply when filing a 48-hour report.

**SECTION D:** Either the candidate, agent, or 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<br>DOE, JOHN | 100 1ST AVENUE<br>-----<br>BISMARCK ND 58501 | \$ 250                  | 03/15/08  |

| CONTRIBUTOR NAME<br>(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<br>DOE, JOHN   |                               | 100 1ST AVENUE<br>-----<br>BISMARCK ND 58501                           | \$ 5,000                | 03/15/08  |
| OCCUPATION :<br>DOCTOR | EMPLOYER:<br>GENERAL HOSPITAL | PRINCIPAL PLACE OF BUSINESS ADDRESS:<br>ABC STREET, BISMARCK, ND 58501 |                         |   |

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