

SEE PAGE 4 FOR INSTRUCTIONS

Business Owner

Other

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

References to the Statement of Interests are found in the			elect@nd.gov ote.ND.Gov
References to the Statement of Interests are found in North Dako			OLC. IND. COV
FILING REQUIREMENTS	FOR STATEMENT OF INTEREST	S	
 Every candidate for elective office shall file a Statement of Intere Certificate of Endorsement SFN 17196 or Petition/Certificate of 	ests with the appropriate filing officer with Nomination SFN 2704.	whom the can	didate filed his/her
 a. Candidates for President and Vice President of the United S required by Chapter 16.1-09 of the North Dakota Century Constitution Commission. b. Candidates for US Senate and US House of Representative disclosure statement required by the Federal Election Commission. c. Candidates for statewide office shall file with the Secretary of Candidates for legislative office shall file with the Secretary of Candidates for Garrison Conservancy and Soll Conservation for Candidates for District Judge shall file with the Secretary of Signal Candidates for county offices shall file with the County Auditor. d. Candidates for city offices shall file with the County Auditor. i. Candidates for school district offices shall file with the School The Statement of Interests shall be filed at the same time a Petitic Candidates filing a Statement of Interests for the primary election. 2. Every person appointed by the Governor to a state agency, board shall file a Statement of Interests with the Secretary of Statement of Interests with the Secretary of Statement of Interests with the Secretary of Statement of Interests Please Print 	tates shall file with the Secretary of State ode or a copy of the personal disclosure sits shall file this form with the Secretary of Shission. If State, of State, of district shall file with the County Auditor in State. In the State of State, or control of State. In the State of Nomination or Certificate of Nomination of Nomination	atement requipment requipment requipment required to the country of Endorsem requipment.	rofessional licensing
Name of Candidate or Appointee BRENTEN SEAKS		Telephone Number 791-290-6973	
KRISTIN SEAKS			010.0173
Address 1271 ST E	City DICKINSON	State N D	Zip Code 5860
Office Which Candidate is Seeking OLUMNSON PUBLIC SCHOOL BOARD	Position to Which Appointed		
ITEM A			
Name of Business or Employer BADLA NOS MINISTA	યશ્ડ		<u> </u>
PRINCIPAL OCCUPATION/SOURCE OF INCOME (Check One)			
Farmer Military Investor or F	Retired	□ G _{OV}	ernment Employee

Spouse's Name of Business or Employer	SCHOOLS		
SPOUSE'S PRINCIPAL OCCUPATION/SOU Farmer Military Business Owner Laborer Other	RCE OF INCOME (Check On Investor or Retired Professional	Clerical and Sales Craftsman	Government Employee

EXECUTIVE DIRECTOR

Craftsman

☐ Student

Professional

Laborer

Please Print

ITEM B

List the name of each business or trust that is NOT the principal source of income in which you and/or your spouse have a

[BUSINESS NAME OR TRUST NAME (list city and state where located)]	SELF	SPOUSE
EXAMPLE: Make Me A Lot of Money Investment Co. (Mutual Funds) Bismarck, ND	Х	х
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ITEM C

List below the associations or institutions with which you and/or your or serve as a director or officer, AND which may be affected by legislate candidates), or action of the officeholder of the office to which you are	spouse are closely associated, tive action (for legislative a candidate or appointee.	indic	an "X" to ate the ted party.
ASSOCIATION OR INSTITUTION	CAPACITY	SELF	SPOUSE
DICKINSON PUBLIC SCHOOLS	Social worker		X
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ITEM D

tify below by name, any business offices, business directorships, and/or your spouse have held in the preceding year.	and fiduciary relationships that	indic	an "X" to ate the ted party.
ASSOCIATION OR INSTITUTION	CAPACITY	SELF	SPOUS
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AFFIDAVIT	
I, the undersigned, declare this Statement of Interests has been examined by me and to the best correct, and complete statement of my financial interests. I understand any intentional violation of this statement shall result in my being deprived of my appointment or assuming the duties of the estimator of Candidate or Appointment.	
Draft at	Date 3 7 16