

SEE PAGE 4 FOR INSTRUCTIONS

References to the Statement of Interests are found in North Dakota Century Code, Chapter 16 1 co

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

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

References to the Statement or Interests are found in North Dakota Co	entury Code Chanter 16 1-09			
FILING REQUIREMENTS FOI	··			
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.				
 Candidates for President and Vice President of the United States required by Chapter 16.1-09 of the North Dakota Century Code of Election Commission. 	shall file with the Secretary of State or a copy of the personal disclosure st	either a Statement of Interests as atement required by the Federal		
b. Candidates for US Senate and US House of Representatives shall disclosure statement required by the Federal Election Commission c. Candidates for statewide office shall file with the Secretary of State	II.	State or a copy of the personal		
 Candidates for legislative office shall file with the Secretary of State. Candidates for Garrison Conservancy and Soil Conservation district shall file with the County Auditor in their county of residence. Candidates for District Judge shall file with the Secretary of State. Candidates for county offices shall file with the County Auditor. Candidates for city offices shall file with the City Auditor. 				
i. Candidates for school district offices shall file with the School Busi				
The Statement of Interests shall be filed at the same time a Petition/Co		of Endorsement is filed.		
Candidates filing a Statement of Interests for the primary election need				
Every person appointed by the Governor to a state agency, board, bur board shall file a Statement of Interests with the Secretary of State no	eau, commission, department, or occlude than the announcement of the	cupation or professional licensing		
Please refer to the instructions provided on page 4 of the Statement of				
Please Print	mission of answering specific que	suchs before completing this form.		
Name of Candidate or Appointee		Telephone Number		
BRENTEN SEAKS Spouse's Name		701-290-6973		
KRISTIN SEAKS				
Address 233 127	CITY DICKINSON	State Zip Code S860		
Office Which Candidate is Seeking OLCUMNSON FUBLIC SCHOOL BOARD - TERM OI	R Position to Which Appointed			
CENT - CENT				
Name of Business or Employer		<u>. </u>		
BADLANDS MINISTRIE	Š			
PRINCIPAL OCCUPATION/SOURCE OF INCOME (Check One)				
Farmer Military Investor or Retire	d Clerical and Sales	Government Employee		
Business Owner Laborer Professional	Craftsman	Student		
Other CXECUTION	re oinector			
Spouse's Name of Business or Employer				
OICKINGON PUBLIC JCHOOLS				
SPOUSE'S PRINCIPAL OCCUPATION/SOURCE OF INCOME (Check				
Farmer Military Investor or Retired Business Owner Laborer Professional		Government Employee		
	Craftsman	Student		
OtherSOCIAC WORKER				

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 financial interest.

[BUSINESS NAME OR TRUST NAME (list city and state where located)] EXAMPLE: Make Me A Lot of Money Investment Co. (Mutual Funds) Bismarck, ND		SPOUSE
		X
	X	 ^ -
		<u> </u>
X X		
		

ITEM C

ow the associations or institutions with which you and/or you as a director or officer, AND which may be affected by legistes), or action of the officeholder of the office to which you	slative action (for legislative are a candidate or appointee.	indi	an "X" to cate the sted party.
ASSOCIATION OR INSTITUTION	CAPACITY	SELF	SPOUS
dickingoh babic schooll	Social WORKER		X
		- 	
		_	

Please Print

ITEM D

below by name, any business offices, business directorships, dor 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	SPOU
			1
			
			
			
		 	
			
		 	<u> </u>
			
			
		 	
		 	

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 examined for the statement of Candidate or Appointment or Appointment or assuming the duties of the examined by me and to the best correct, and complete statement of my financial interests. I understand any intentional violation of this statement of Candidate or Appointment or assuming the duties of the examined by me and to the best correct, and complete statement of my financial interests. I understand any intentional violation of this statement of Candidate or Appointment or assuming the duties of the example of Candidate or Appointment or assuming the duties of the example of Candidate or Appointment or assuming the duties of the example of Candidate or Appointment or assuming the duties of the example of Candidate or Appointment or assuming the duties of the example of Candidate or Appointment or assuming the duties of the example of Candidate or Appointment or assuming the duties of the example of Candidate or Appointment or assuming the duties of the example of Candidate or Appointment or assuming the duties of the example of Candidate or Appointment or assuming the duties of the example of Candidate or Appointment or assuming the duties of the example of Candidate or Appointment or assuming the duties of the example of Candidate or Appointment or assuming the duties of the example of Candidate or Appointment or assuming the duties of the example of Candidate or Appointment or assuming the duties of the example of Candidate or Appointment or assuming the duties of the example of Candidate or Appointment or assuming the duties of the example of Candidate or Appointment or assuming the content of Candidate or Appointment or assuming the content of Candidate or Appointment or assuming the content of Candidate or Appoin	of my knowledge is a true, the law requiring the filing of elective office.

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.
- 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 maybe affected by legislative action (for legislative candidates) or action of the office holder of the office to which you are a candidate

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 Unit of the Secretary of State's Office at (701) 328-4146 or (800) 352-0867 or the appropriate filing officer.