

# **SEE PAGE 4 FOR INSTRUCTIONS**

Secretary of State 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, option 6
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Website: Vote.ND.Gov

e	ferences to the Statement of Interests are found in North Dakota Century Code, Chapter 16.1-09.	vvebsite: vote.ND.Gov			
	FILING REQUIREMENTS FOR STATEMENT OF INTEREST	rs			
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 required by Chapter 16.1-09 of the North Dakota Century Code or a copy of the personal disclosure s Election Commission.	either a Statement of Interests as statement required by the Federal			
	<ul> <li>b. Candidates for US Senate and US House of Representatives shall file this form with the Secretary of disclosure statement required by the Federal Election Commission.</li> <li>c. Candidates for statewide office shall file with the Secretary of State.</li> </ul>	State or a copy of the personal			
	- agriculture of the state of t	ates for Garrison Conservancy and Soil Conservation district shall file with the County Auditor in their county of residence. ates for District Judge shall file with the Secretary of State. ates for county offices shall file with the County Auditor.			
	i. 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	e of Endorsement is filed.			
	Candidates filing a Statement of Interests for the primary election need not re-file for the general election.				
•	Every person appointed by the Governor to a state agency, board, bureau, commission, department, or or board shall file a Statement of Interests with the Secretary of State no later than the announcement of the	ccupation or professional licensing appointment.			
8	ase refer to the instructions provided on page 4 of the Statement of Interest for answering specific qu	estions before completing this form.			
	ease Print				
m	e of Candidate or Appointee  Michelle Orton	Telephone Number			

Please Print					, ,	
Name of Candidate or Appoint						
Michelle	0-1-0			Telephone		
	UTTOYL			_ (FOI)	590-2023	5
Spouse's Name			-			_
Tu Ort	ON					
Address			City	State	Zip Code	
219 12th	St.E		Dickinson	ND	58601	
			2.00	1101	3100	_
Office Which Candidate is See		( ) .	Position to Which Appointed		<del></del>	
School Ba	and Repne	esentative 0				
ITEM A						
Name of Business or Employe	· 0 :	. 0 1 .			. 0 /	_
Dickinson	Dickinson Parks & Recreation / West River Community Center					
PRINCIPAL OCCUPATION/SOURCE OF INCOME (Check One)						
│	☐ Military	Investor or Retire	ed Clerical and Cala		·	
	_	III III NASIDI OI L'EILE	ed Clerical and Sales	s ∐ Gove	ernment Employee	)
Business Owner	Laborer	Professional	☐ Craftsman	Stude	ent	
Other CERT	F	) to 5				
D Other	TFIED F	ERSONAL 1	RAINER	·		
						_
Spouse's Name of Business or	Employer	1	1 - 1			
DICKINSON	1 State	University	Heritage Foun	of tron	•	
SPOUSE'S PRINCIPAL OC	CUPATION/SOU	RCE OF INCOME (Check	One)	COLCATOR	<del></del>	_
Farmer	Military	☐ Investor or Retire	•			
	_	=/		s U Gove	mment Employee	<b>)</b>
Business Owner	Laborer	Professional	Craftsman	Stude	∍nt	
Other						

## 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)]	SELF	SPOUSE
EXAMPLE: Make Me A Lot of Money Investment Co. (Mutual Funds) Bismarck, ND	х	Х
N/A		
		<del></del>
	<del></del>	<del> </del>
		1
		-
		<del>                                     </del>
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## ITEM C

or serve as a director or officer, 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.			Indicate the Interested party.	
ASSOCIATION OR INSTITUTION	CAPACITY	SELF	SPOUSE	
Dickinson State University Heritage Foundation	Executive Director		X	
			-	
			1	

Place an "X" to

List below the associations or institutions with which you and/or your spouse are closely associated,

# Please Print

# ITEM D

fy below by name, any business offices, business directorships, and fiduciary relationships that nd/or your spouse have held in the preceding year.  ASSOCIATION OR INSTITUTION  CAPACITY		Place an "X" to indicate the interested party.	
CAPACITY	SELF	SPOU	
		<u> </u>	
	-		
	<del>   </del>		
		ind fiduciary relationships that indicinterest	

# **AFFIDAVIT**

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	Date 3/13/18

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