



**STATEMENT OF INTERESTS**  
**SECRETARY OF STATE**  
 SFN 10172 (10-2015)

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  
 Email: sselect@nd.gov  
 Website: Vote.ND.Gov

**SEE PAGE 4 FOR INSTRUCTIONS**

References to the Statement of Interests are found in North Dakota Century Code, Chapter 16.1-09.

**FILING REQUIREMENTS FOR STATEMENT OF INTERESTS**

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 either a Statement of Interests as required by Chapter 16.1-09 of the North Dakota Century Code or a copy of the personal disclosure statement required by the Federal Election Commission.
  - b. Candidates for US Senate and US House of Representatives shall file this form with the Secretary of State or a copy of the personal disclosure statement required by the Federal Election Commission.
  - c. Candidates for statewide office shall file with the Secretary of State.
  - d. Candidates for legislative office shall file with the Secretary of State.
  - e. Candidates for Garrison Conservancy and Soil Conservation district shall file with the County Auditor in their county of residence.
  - f. Candidates for District Judge shall file with the Secretary of State.
  - g. Candidates for county offices shall file with the County Auditor.
  - h. Candidates for city offices shall file with the City 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 of Endorsement is filed.

Candidates filing a Statement of Interests for the primary election need not re-file for the general election.

2. Every person appointed by the Governor to a state agency, board, bureau, commission, department, or occupation or professional licensing board shall file a Statement of Interests with the Secretary of State no later than the announcement of the appointment.

Please refer to the instructions provided on page 4 of the Statement of Interest for answering specific questions before completing this form

**Please Print**

Name of Candidate or Appointee JASON RODAKOWSKI		Telephone Number (701) 483-4451	
Spouse's Name ANGELA RODAKOWSKI			
Address 319 BRIDGEWATER DR		City DICKINSON	State ND
		Zip Code 58601	
Office Which Candidate is Seeking		<b>OR</b>	
		Position to Which Appointed SCHOOL BOARD	

**ITEM A**

Name of Business or Employer HOERNER RODAKOWSKI PC					
<b>PRINCIPAL OCCUPATION/SOURCE OF INCOME (Check One)</b>					
<input type="checkbox"/> Farmer	<input type="checkbox"/> Military	<input type="checkbox"/> Investor or Retired	<input type="checkbox"/> Clerical and Sales	<input type="checkbox"/> Government Employee	
<input checked="" type="checkbox"/> Business Owner	<input type="checkbox"/> Laborer	<input type="checkbox"/> Professional	<input type="checkbox"/> Craftsman	<input type="checkbox"/> Student	
<input type="checkbox"/> Other _____					

Spouse's Name of Business or Employer ANGELA RODAKOWSKI					
<b>SPOUSE'S PRINCIPAL OCCUPATION/SOURCE OF INCOME (Check One)</b>					
<input type="checkbox"/> Farmer	<input type="checkbox"/> Military	<input type="checkbox"/> Investor or Retired	<input type="checkbox"/> Clerical and Sales	<input type="checkbox"/> Government Employee	
<input type="checkbox"/> Business Owner	<input type="checkbox"/> Laborer	<input type="checkbox"/> Professional	<input type="checkbox"/> Craftsman	<input type="checkbox"/> Student	
<input checked="" type="checkbox"/> Other <u>RN @ CHI ST. ALEXIUS HEALTH</u>					



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**ITEM D**

Identify below by name, any **business** offices, business directorships, and fiduciary relationships that you and/or your spouse have held in the preceding year.

Place an "X" to indicate the interested party.

ASSOCIATION OR INSTITUTION	CAPACITY	SELF	SPOUSE
NONE			

**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 3-1-18
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