# CITY OF CANDO NOTICE OF CITY ELECTION FILING DEADLINE

The City of Cando has the following vacancies on the ballot for the **June 2024** election:

Three (3) - City Council seats for a four (4) year term – 23 signatures needed

Two (2) - Park Board member seats for a four (4) year term - 12 signatures needed

Petitions are available at <u>www.candond.com</u> and at the City Auditors Office, 502 Main St., Cando.

Petitions must be filed with the City Auditor no later than 4:00 p.m. on Monday, April 8th, 2024.



# SEE BOTTOM OF PAGE FOR INSTRUCTIONS. PLEASE PRINT.

Nominating provisions are found in North Dakota Century Code, Sections 16.1-11-06, 16.1-11-15, 16.1-11-16, 16.1-12-02.3, and 40-21-07.

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: soselect@nd.gov Website: Vote.ND.Gov

CERTIFICATE OF NOMINATION									
Area affected by petition									
Candidate first name	Candidate last na	ame			Candidate telephone number				
Candidate mailing address	,		City		State	ZIP code			
Candidate non-government email address	(required)								
Office candidate is seeking		Term    Full   Unexpired							
District number (if applicable)				Judgeshi	p number (if applicable)				
Political party affiliation of candidate*									
Republican Democratic-NPL	_ Libertarian [	Other:		independe	nt candida	te 🗌 No-Party			
*The No-Party designation must be used fo candidates must designate a political party	• • • • • • • • • • • • • • • • • • • •	istrict, and city offi	ces, and the office of	Superintendent o	of Public Ir	nstruction. All other			
Election (select Primary if the office will app	pear on both the Primary and	d General Election	n ballot)		Date of e	lection			
☐ City ☐ Primary	General	] Special							
If the petition is for the office of governor, complete the following information:									
Name of lieutenant governor candidate									
Address (street address or rural route)		City		State	ZIP code				

# INSTRUCTIONS FOR PETITION/CERTIFICATE OF NOMINATION

WHEN TO CIRCULATE: Candidates may not begin circulating the Petition/Certificate of Nomination prior to January 1 preceding the election.

HOW TO CIRCULATE: Each individual Petition/Certificate of Nomination must be circulated with the completed information shown above and must be made available to each signer at the time of signing.

Only qualified electors of the affected area, as the case may be, may sign nominating petitions. In addition to signing the person's name, petition signers shall include: the date of signing; their complete residential address, rural route, or general delivery; and either the name of the North Dakota city or its corresponding ZIP code.

Incomplete signatures or accompanying information of petition signers that do not meet the requirements of Section 16.1-11-16 invalidate such signatures. The use of ditto marks to indicate that the information contained on the previous signature line carries over does not invalidate a signature. Signatures that are not accompanied by a complete date are not invalid if the signatures are preceded and followed by a signature that is accompanied by a complete and valid date.

WHO FILES: The Petition/Certificate of Nomination must be filed by all candidates petitioning to have their names placed on the ballot for federal, statewide, judicial district, legislative, county, multi-district, and city offices in North Dakota.

WHEN TO FILE: The Petition/Certificate of Nomination must be filed before 4 p.m. of the 64th day, prior to any election. If the Petition/Certificate of Nomination is mailed, it must be in the physical possession of the appropriate filing officer before 4 p.m. of the 64th day prior to the election.

Federal, statewide, judicial district, legislative, county, and multi-district candidates, must accompany this form with an Affidavit of Candidacy SFN 2703 and Statement of Interests SFN 10172.

### WHERE TO FILE:

# FEDERAL, STATEWIDE, JUDICIAL, AND LEGISLATIVE DISTRICT CANDIDATES:

If this form was completed using the Online Candidate Forms Completion and Filing System for Ballot Access, either upload the form into the Online Candidate Forms Completion and Filing System for Ballot Access or file it with the Secretary of State by mail, hand delivery, email, or fax.

If this form was handwritten or typed, file with the Secretary of State by mail, hand delivery, email, or fax.

COUNTY AND MULTI-DISTRICT CANDIDATES - File with the County Auditor in their county of residence.

CITY CANDIDATES - File with the City Auditor

**ASSISTANCE:** Questions regarding the Petition/Certificate of Nomination 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.

SFN 02704 (10-2023)

NOMINATING PETITION

The Petition/Certificate of Nomination may be photocopied to accommodate additional signatures.

Address	ZIP Code					:				100											
Complete Residential, Rural Route, or General Delivery Address (PO BOX IS NOT ACCEPTABLE)	State																				
ral Route, or G IS NOT ACCEI	City																				
Residential, Ru	te																				
Complete F	Street/Rural Route																	:		MARKET AND	
	Voter's Signature																				
	Voter																				
	Printed Name of Voter					:															
	Printed N																				
Date	Number (mm/dd/yyyy)																				
	Number	_	2	3	4	5	9	2	80	6	10	11	12	13	14	15	16	17	18	19	20

NOMINATING PETITION

The Petition/Certificate of Nomination may be photocopied to accommodate additional signatures.

20	19	18	17	16	15	14	13	12	 10	9	8	7	6	5	4	3	2	 Number
		:																Date (mm/dd/yyyy)
																		Printed Name of Voter
																		Voter's Signature
																		Complete Residential, Rural Route, or General Delivery Address (PO BOX IS NOT ACCEPTABLE) Street/Rural Route City State ZIP (
									·									ddress ZIP Code



Secretary of State State of North Dakota 600 E Boulevard Ave Dept 108 Bismarck ND 58505-0500 Telephone: (701) 328-2900 Toll-Free: (800) 352-0867

Fax: (701) 328-3413 Email: soselect@nd.gov Website: <u>Vote.ND.Gov</u>

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 02704).
  - 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 with the Secretary of State or a copy of the personal disclosure statement required by the Federal Election Commission.
  - c. Candidates for statewide, legislative, or judicial office shall file with the Secretary of State.
  - d. Candidates for Garrison Conservancy, Soil Conservation, or county offices shall file with the County Auditor in their county of residency.
  - e. Candidates for city offices shall file with the City Auditor.
  - f. Candidates for school district offices shall file with the School Business Manager of the school district.

The Statement of Interest must 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 must file a Statement of Interests with the Secretary of State no later than the announcement of the appointment.
- 3. 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 02704) and Affidavit of Candidacy (SFN 02703). Appointees of the Governor shall file a Statement of Interests no later than the announcement of the appointment.

**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. Attach the additional sheets to 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 (option 6), or the appropriate filing officer.

Name of candidate or appointee	Telephon	e number		
Spouse's name		Non-government e		
Address		City	State	ZIP code
Office which candidate is seeking (include district number, if applicable)	OR	Position to which a	appointed	

<b>ITEM A -</b> 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.									
Name of business or emplo	yer								
PRINCIPAL OCCUPATION	N/SOURCE OF INCOME (ch	neck one)							
☐ Farmer		Investor or retired	Clerical and sales	Government	employee				
☐ Business owner	Laborer	Professional	Craftsman	Student					
Other									
Spouse's name of business	s or employer								
SPOUSE'S PRINCIPAL O	CCUPATION/SOURCE OF I	NCOME (check one)							
Farmer	Military	Investor or retired	Clerical and sales	Government	employee				
☐ Business owner	Laborer	Professional	Craftsman	Student					
Other									
		TANKA BAN							
interest. Include any of the	he following that apply:	at is NOT the principal source of	•	your spouse have a	financial				
Any business o	or trust in which you and/o	or your spouse own a legal or equ	uitable interest.						
stocks, mutual	funds, bonds, debentures	or your spouse have investments s, or debt obligations of corporationly only be mentioned by the brokera	ons and/or municipal corpora						
3. Any business o	r trust from which you an	d/or your spouse receive compe	nsation.						
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	s (state or local) to which	you and/or your spouse sold goo	ods or services.						
	BUSINESS NAME OR TR	UST NAME (include city and state	where located)	SELF	SPOUSE				
EX	AMPLE: Make Me A Lot of	Money Investment Co. (Mutual Fu	nds) Bismarck, ND	х	х				
		make Anademoka Andron - Anademoka An							
			·						
1.000									
,				VV - V - V - V - V - V - V - V - V - V					

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 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.

- 1. List organizations and associations and note the capacity of your and/or your spouse's relationship such as "member," "board of directors," "consultant," etc.
- 2. Place an "X" to indicate the interested party.

ASSOCIATION OR INSTITUTION	CAPACITY	SELF	SPOUSE

ITEM D - Identify by name any business office, business directorship, or fiduciary relationship that you and/or your spouse have held in the preceding calendar year.

- 1. 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.
  2. Place an "X" to indicate the interested party.

ASSOCIATION OR INSTITUTION	CAPACITY	SELF	SPOUSE

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							