SCHOOL BOARD APPLICATION FORM

Please complete, date, and sign the application form, statement of interest, and affidavit of candidacy and return the completed documents to:

Jodi Germundson
1201 9th Ave. NW
PO Box 1407
Williston, ND 58802

or jodi.germundson@willistonschools.org by 4 p.m. April 6th, 2020.

By submission of this form, your interest in the Williston Public School District #1 School Board vacancy will become public.

Name: _____________________________________________________________
Address: __________________________________________________________
Phone Number(s): __________________________________________________
Email address: ______________________________________________________

NOTE: Answers to these questions are not required to serve on the school board but may be used in the school district newsletter or local newspaper publications to inform the public about school board candidates.

1. Why are you interested in serving on the Williston Public School District #1 School Board?

2. Describe your experience and involvement with the Williston Public School District #1.

3. Do you have children who attend(ed) the Williston Public School District #1?

4. What educational, professional, or civic experiences have you had that would contribute to your performance as a member of the Williston Public School District #1 School Board?

5. What interests, skills, and abilities would you bring that would benefit the Williston Public School District #1 School Board?
6. What do you consider to be three of the most pressing issues facing the Williston Public School District #1 School Board?

7. School/College

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<th>Areas of Study</th>
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By signing this application I am swearing that, at the time of my appointment, I am a qualified North Dakota elector, meaning that I am:
- A U.S. citizen
- At least 18 years old on the day of an election
- A North Dakota resident
- A resident in the school district for at least 30 days

Any person who is a qualified elector of this state is qualified to be a member of the school board in the district in which the person resides (NDCC § 15.1-07-14).

Print Name

________________________

Signature Date

To be completed by a school official

Received by: ____________________________

Date: _______________ Time: _______________
SEE PAGE 2 FOR INSTRUCTIONS.

Please print.
Provisions regarding the Affidavit of Candidacy are found in North Dakota Century Code, Sections 16.1-11-10 and 16.1-12-02.1.

### Candidate Information

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Telephone Number</th>
<th>County of Residence</th>
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Residential Address (required)

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<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
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Mailing address and address for public distribution

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<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
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Email Address (if applicable)

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<th>Website (if applicable)</th>
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### Office/Ballot Information

Office seeking

<table>
<thead>
<tr>
<th>District Number (if applicable)</th>
<th>District Name (if applicable)</th>
<th>Term</th>
<th>Judgeship Number (if applicable)</th>
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Political party affiliation of candidate*

- [ ] Republican
- [ ] Democratic-NPL
- [ ] Libertarian
- [ ] Other: ________________
- [ ] independent candidate
- [ ] No-Party

*The No-Party designation must be used for all county, judicial, multi-district, and city offices, and the office of Superintendent of Public Instruction. All other candidates must designate a political party or independent.

Election (select Primary if the office will appear on both the Primary and General Election ballot)

- [ ] Primary
- [ ] General
- [ ] Special

Date of Election

Date

Bailot name requested (nicknames are permitted, but titles and campaign slogans are not)

### Affidavit of Candidacy

I certify that I am the candidate named above; and I request that my name as indicated above be printed upon the ballot as candidate to the above-referenced office at the election to be held on the date of election identified above. I have reviewed the requirements to hold the office identified above and certify that I am qualified to serve, if elected. I have examined this Affidavit of Candidacy, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of candidate

Date

State

County

Notary Stamp

Subscribed and sworn to before me on

Date

Signature of notary public or other authorized officer
INSTRUCTIONS FOR AFFIDAVIT OF CANDIDACY

CANDIDATE INFORMATION:

N.D.C.C. §§ 16.1-11-10 and 16.1-12-02.1 require a candidate to provide his or her first name, last name, residential street address, city, state, ZIP Code and county of residence. Mailing address is requested since some Post Offices in the state will only deliver mail to a mailing address, such as a PO Box and this office will be sending a letter to you after receipt of this form along with the other required forms for candidacy. Telephone number and email address are requested so that our office can quickly communicate with you if necessary.

Filing offices make certain candidate information available to the public by website because of the large number of requests received for this information. The information provided on this form for Residential Address will not be made available to the public either through a filing office website or a request to view or obtain a copy of the submitted form. Information provided on this form for Name, Telephone Number, County, Mailing Address (including the associated City, State and ZIP Code), Email Address and Website will be made public. If you wish to have your residential address made available to the public, re-enter this address in the mailing address fields.

Provide the candidate's email address and website, if applicable. An nd.gov email account may be used if it is used in compliance with N.D.C.C. § 54-03-26.

OFFICE/BALLOT INFORMATION:

Provide the office the candidate is seeking. Indicate whether the office the candidate is seeking is for a full term or an unexpired term. For legislative candidates, provide the legislative district number. For judicial district candidates, provide the judicial district name and judgeship number. For county or multi-county offices, provide the district number or name when necessary (i.e. "District 1" for the office of County Commissioner or "James River" for the office of Soil Conservation District Supervisor).

Political Party Affiliation of Candidate: Indicate the political party affiliation of the candidate. Candidates for Superintendent of Public Instruction, judicial, county or multi-county office must check the "No-Party" box. For all other offices, check either Democratic-NPL, Republican, Independent or Other. If "Other," include the name of the political party.

Indicate the election at which the candidate's name should appear on the ballot. If the office will appear on both the Primary Election ballot and General Election ballot, check "Primary." Provide the date of the election.

Ballot Name Requested: Provide the candidate's name as it should appear on the ballot. Nicknames are permitted, but titles and campaign slogans are not. Candidates will not be allowed to change this version of their name after 4:00 p.m. on the 64th day prior to the election.

WHO FILES:

The Affidavit of Candidacy must be filed by all candidates seeking to have their names placed on the ballot for federal, statewide, judicial, legislative, county, and multi-county offices in North Dakota.

WHEN TO FILE:

The Affidavit of Candidacy must be filed before 4:00 p.m. of the 64th day, prior to an election. If the Affidavit of Candidacy is mailed, it must be in the physical possession of the appropriate filing officer before 4:00 p.m. on the 64th day prior to the election.

This form must be accompanied with a Statement of Interests (SFN 10172) and either a Certificate of Endorsement (SFN 17196) or Petition/Certificate of Nomination (SFN 02704).

WHERE TO FILE:

Federal, statewide, judicial and legislative 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-county candidates:

File with the County Auditor in his or her county of residence.

ASSISTANCE:

Questions regarding the Affidavit of Candidacy 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.
STATEMENT OF INTERESTS
SECRETARY OF STATE
SFN 10172 (10-2015)

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 16.1-08 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

Spouse's Name

Address

Telephone Number

City

State

Zip Code

Office Which Candidate is Seeking

OR

Position to Which Appointed

ITEM A

Name of Business or Employer

PRINCIPAL OCCUPATION/SOURCE OF INCOME (Check One)

☐ Farmer ☐ Military ☐ Investor or Retired ☐ Clerical and Sales ☐ Government Employee

☐ Business Owner ☐ Laborer ☐ Professional ☐ Craftsman ☐ Student

☐ Other

Spouse's Name of Business or Employer

SPOUSE'S PRINCIPAL OCCUPATION/SOURCE OF INCOME (Check One)

☐ Farmer ☐ Military ☐ Investor or Retired ☐ Clerical and Sales ☐ Government Employee

☐ Business Owner ☐ Laborer ☐ Professional ☐ Craftsman ☐ Student

☐ Other
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.

<table>
<thead>
<tr>
<th>BUSINESS NAME OR TRUST NAME (list city and state where located)</th>
<th>SELF</th>
<th>SPOUSE</th>
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<tr>
<td>EXAMPLE: Make Me A Lot of Money Investment Co. (Mutual Funds) Bismarck, ND</td>
<td>X</td>
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ITEM C

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

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<thead>
<tr>
<th>ASSOCIATION OR INSTITUTION</th>
<th>CAPACITY</th>
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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.

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<th>ASSOCIATION OR INSTITUTION</th>
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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