



**STATE POLITICAL PARTY
CONVENTION STATEMENT
SECRETARY OF STATE
SFN 58715 (01-2014)**



Secretary of State
State of North Dakota
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JAN 24 2014

SEC. OF STATE

SEE REVERSE SIDE FOR REPORTING REQUIREMENTS AND INSTRUCTIONS

Campaign disclosure reporting provisions are found in North Dakota Century Code, Section 16.1-08.1.

Section A

Name of State Party North Dakota Republican Party			
State Party Address (Street Address or Post Office Box) 1029 N. 5th St.	City Bismarck	State ND	ZIP Code 58501
Name of Person Completing this Statement Dee Stanley		Daytime Telephone Number (701) 255-0030	

Section B

TYPE OF STATEMENT	STATE CONVENTION DATE	STATEMENT DUE DATE	REPORTING PERIOD
<input type="checkbox"/> POST CONVENTION		60 days after close of the state nominating convention	January 1 through 30 days after the close of the state nominating convention
<input checked="" type="checkbox"/> YEAR-END		January 31 of each year	Entire calendar year
<input type="checkbox"/> Amended (also mark applicable statement being amended above)			

Section C

Cash on hand in fund on January 1		\$	0.00
Cash on hand in fund at <u>end</u> of reporting period		\$	0.00
Total of all revenue received in excess of \$200 (Revenue detail begins on page 3)	<input type="checkbox"/> No reportable revenue for reporting period <input type="checkbox"/> No reportable revenue since last statement filed	\$	0.00
Total of all revenue received of \$200 or less		\$	0.00
Total of all expenditures received in excess of \$200 (Expenditure detail begins on page 8)	<input type="checkbox"/> No reportable contributions for reporting period <input type="checkbox"/> No reportable contributions since last statement filed	\$	0.00
Total of all expenditures received of \$200 or less		\$	0.00

Section D

Net gain transferred to state party fund (see instructions on back)	\$	0.00
Net loss covered by state party fund (see instructions on back)	\$	0.00

Section E

I certify that I have examined this Campaign Disclosure Statement, including any attached addenda for filing with this statement, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of Person Completing this Statement (a typed name is considered a signature)
Dee Stanley

Printed Name of Person Completing this Statement Dee Stanley	Date 1/23/2014
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