



CAMPAIGN CONTRIBUTION STATEMENT
527 POLITICAL ORGANIZATIONS
 SECRETARY OF STATE
 SFN 59288 (11-2009)

Secretary of State
 State of North Dakota
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 Web Site: www.nd.gov/sos/electvote

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OCT 25 2012

SEC. OF STATE

SEE REVERSE SIDE FOR REPORTING REQUIREMENTS AND INSTRUCTIONS

Campaign contribution reporting provisions are found in North Dakota Century Code, Chapter 16.1-08.1.

Please print.

Section A

Full name of 527 Political Organization Brighter Future Committee			
Acronym of organization (if applicable)			
Organization address (street address or post office box) 1400 W Century Avenue	City Bismarck	State ND	Zip Code 58502
Name of person completing this report Shane Goettle		Daytime Telephone Number 701-222-8721	

Section B

TYPE OF REPORT	ELECTION DATE	REPORT DUE DATE	REPORT COVERS
<input type="checkbox"/> PRE-PRIMARY ELECTION REPORT			
<input checked="" type="checkbox"/> PRE-GENERAL ELECTION REPORT	11/6/12	Due twelve days before the election	January 1 through twenty days before election
<input type="checkbox"/> PRE-SPECIAL ELECTION REPORT			
<input type="checkbox"/> YEAR END REPORT		January 31 each year	Entire calendar year
<input type="checkbox"/> 48-HOUR REPORT		Within 48 hours if a contribution in excess of \$500 is received within 20 days before the election	Twenty day period before election
<input type="checkbox"/> AMENDED (also mark applicable report being amended above)			

Section C (This section does not apply to 48-hour reports)

Cash on hand in fund at <u>beginning</u> of reporting period (January 1 or date of organization's North Dakota registration)	\$ 1,609.20
Cash on hand in fund at <u>end</u> of reporting period	\$ 1,563.55
Gross total of all contributions received in excess of \$200	\$ 27,500.00
Gross total of all contributions received of \$200 or less	\$ 0
Gross total of all expenditures made in excess of \$200	\$ 25,860.80
Gross total of all expenditures made of \$200 or less	\$ 75.65

Section D

I, Shane Goettle, certify that I have examined this Campaign Contribution 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.

Shane Goettle Signature of person completing this report

10/25/12 Date

SCHEDULE # 1 - Contributions Received In Excess of \$200 and under \$5,000

Attach additional pages if necessary. Please print.

- No reportable contributions for reporting period.
- No reportable contributions since last report filed.

CONTRIBUTOR NAME	ADDRESS	AGGREGATE CONTRIBUTIONS	DATE OF MOST RECENT CONTRIBUTION MONTH/DAY/YEAR
EXAMPLE DOE, JOHN	100 1ST AVENUE ----- BISMARCK ND 58501	\$ 250	03/15/08

	CONTRIBUTOR NAME (last name, first name)	ADDRESS	AGGREGATE CONTRIBUTIONS	DATE OF MOST RECENT CONTRIBUTION MONTH/DAY/YEAR
1	Nicholas, Connie	214 14th Street ----- Cando, ND 58324	\$ 500.00	09/25/12
2	Finken, Pat	3118 Daytona Drive ----- Bismarck, ND 58503	\$ 2,000.00	09/24/12
3		----- -----	\$	
4		----- -----	\$	
5		----- -----	\$	
6		----- -----	\$	
7		----- -----	\$	
8		----- -----	\$	
9		----- -----	\$	
10		----- -----	\$	
11		----- -----	\$	
12		----- -----	\$	
13		----- -----	\$	

SCHEDULE # 2 - Contributions Received of \$5,000 or more

Attach additional pages if necessary. Please print.

CONTRIBUTOR NAME	ADDRESS	AGGREGATE CONTRIBUTIONS	DATE OF MOST RECENT CONTRIBUTION MONTH/DAY/YEAR
EXAMPLE DOE, JOHN	100 1ST AVENUE ----- BISMARCK ND 58501	\$ 5,000	03/15/08
OCCUPATION : DOCTOR	EMPLOYER: GENERAL HOSPITAL	PRINCIPAL PLACE OF BUSINESS ADDRESS: ABC STREET, BISMARCK, ND 58501	

CONTRIBUTOR NAME (last name, first name)	ADDRESS	AGGREGATE CONTRIBUTIONS	DATE OF MOST RECENT CONTRIBUTION MONTH/DAY/YEAR
1 Arthaud, James R.	PO Box 197 ----- Medora, ND 58645	\$25,000.00	09/21/12
OCCUPATION : CEO	EMPLOYER: MBI Energy Services	PRINCIPAL PLACE OF BUSINESS ADDRESS: Belfield, ND	
2	-----	\$	
OCCUPATION :	EMPLOYER:	PRINCIPAL PLACE OF BUSINESS ADDRESS:	
3	-----	\$	
OCCUPATION :	EMPLOYER:	PRINCIPAL PLACE OF BUSINESS ADDRESS:	
4	-----	\$	
OCCUPATION :	EMPLOYER:	PRINCIPAL PLACE OF BUSINESS ADDRESS:	
5	-----	\$	
OCCUPATION :	EMPLOYER:	PRINCIPAL PLACE OF BUSINESS ADDRESS:	
6	-----	\$	
OCCUPATION :	EMPLOYER:	PRINCIPAL PLACE OF BUSINESS ADDRESS:	
7	-----	\$	
OCCUPATION :	EMPLOYER:	PRINCIPAL PLACE OF BUSINESS ADDRESS:	
8	-----	\$	
OCCUPATION :	EMPLOYER:	PRINCIPAL PLACE OF BUSINESS ADDRESS:	

SCHEDULE # 3 - Expenditures Made

Attach additional pages if necessary. Please print.

- No reportable expenditures for reporting period.
- No reportable expenditures since last report filed.

EXPENDITURE RECIPIENT	ADDRESS	AGGREGATE AMOUNT	DATE OF MOST RECENT EXPENDITURE MONTH/DAY/YEAR
EXAMPLE DOE, JOHN	100 1ST AVENUE ----- BISMARCK ND 58501	\$ 250	03/15/08

EXPENDITURE RECIPIENT (last name, first name)	ADDRESS	AGGREGATE AMOUNT	DATE OF MOST RECENT EXPENDITURE MONTH/DAY/YEAR
1 Odney Advertising Agency, Inc	PO Box 2035 ----- Bismarck, ND 58502	\$1,000.00	09/24/12
2 Odney Advertising Agency, Inc	PO Box 2035 ----- Bismarck, ND 58502	\$ 24,860.80	09/24/12
3	----- -----	\$	
4	----- -----	\$	
5	----- -----	\$	
6	----- -----	\$	
7	----- -----	\$	
8	----- -----	\$	
9	----- -----	\$	
10	----- -----	\$	
11	----- -----	\$	
12	----- -----	\$	
13	----- -----	\$	