



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

RECEIVED
MAR 11 2022
SEC. OF STATE

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

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 <i>Jason Dockter</i>	Telephone Number <i>701-214-0486</i>
Spouse's Name <i>BRENDA DOCKTER</i>	
Address <i>[REDACTED]</i>	
Office Which Candidate is Seeking <i>House of Representatives #7</i>	OR Position to Which Appointed

ITEM A

Name of Business or Employer <i>FRONTIER PROFESSIONAL SERVICES INC.</i>	
PRINCIPAL OCCUPATION/SOURCE OF INCOME (Check One)	
<input type="checkbox"/> Farmer	<input type="checkbox"/> Military
<input checked="" type="checkbox"/> Business Owner	<input type="checkbox"/> Laborer
<input type="checkbox"/> Other	<input type="checkbox"/> Professional
<input type="checkbox"/> Investor or Retired	<input type="checkbox"/> Clerical and Sales
<input type="checkbox"/> Craftsman	<input type="checkbox"/> Government Employee
<input type="checkbox"/> Student	

Spouse's Name of Business or Employer	
SPOUSE'S PRINCIPAL OCCUPATION/SOURCE OF INCOME (Check One)	
<input type="checkbox"/> Farmer	<input type="checkbox"/> Military
<input type="checkbox"/> Business Owner	<input type="checkbox"/> Laborer
<input type="checkbox"/> Other	<input type="checkbox"/> Professional
<input checked="" type="checkbox"/> Clerical and Sales	<input type="checkbox"/> Government Employee
<input type="checkbox"/> Craftsman	<input type="checkbox"/> Student

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.

ITEM C

Place an "X" to indicate the interested party.

[illegible]

Please Print

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

3-11-22