

CONFLICT OF INTEREST DISCLOSURE

NORTH DAKOTA ETHICS COMMISSION

SFN 62342 (2-2024)

Case Number

Pursuant to N.D. Admin. Code § 115-04-01-04, disclosure of potential conflicts of interest are required. This form allows public officials to input information and attach relevant documentation as required.

The neutral reviewer or public official shall document the decision regarding a disclosure of a potential conflict of interest. Upon completion, the neutral reviewer shall provide a copy of the documentation to the disclosing public official, the relevant department, agency, board, body, commission, or committee. A copy of the documentation and this form must also be submitted to the Ethics Commission.

Departments, agencies, boards, commissions or public entities shall document in the official minutes of a proceeding information, if applicable, that a public official has been recused from any further involvement in the matter.

If you have questions about this form or would like to request the form in an alternate format, contact the Ethics Commission at (701) 328-5325. We will take reasonable steps to accommodate your needs.

CONTACT INFORMATION

Reporting Official's Name	Bob Martinson
Associated Entity/Organization Name	House of Representatives
Name of Disclosing Official	Bob Martinson
Title/Position of Disclosing Official	Representative
Phone Number	(701) 527-5394
Email Address	bmartinson@ndlegis.gov

DETAILS

Detailed Description of Potential Conflict of Interest:

I have a conflict of interest in the appropriations bill for the North Dakota University System, SB 2003. I am a partner in a partnership which leases space to Bismarck State College.

DETERMINATION

Determining Body or Individual (mark appropriate box)

Remaining members of board, commission, committee, or legislative body

Provide information on the process for determination:

The advice of the ND Legislative Council.

Add Supporting Documents

Certification

I certify that the information provided in this disclosure form is true, correct, complete, and of my own personal knowledge. I will fully cooperate in the process regarding this disclosure form.

Signature (typed name is acceptable)

Bob Martinson

Date

Wednesday, February 12, 2025