



**CAMPAIGN CONTRIBUTION STATEMENT  
COUNTY OR CITY CANDIDATES**  
SECRETARY OF STATE  
SFN 53970 (11-09)

RECEIVED

CASS CO AUDITOR

OCT 24 2012 PM 01:26

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  
Fax 701-328-3413  
Web Site: [www.nd.gov/sos/electvote](http://www.nd.gov/sos/electvote)

Campaign contribution reporting provisions are found in North Dakota Century Code, Chapter 16.1-08.

Please print.

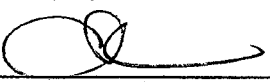
**Section A**

Name of candidate seeking or holding office <i>Chad Peterson</i>			
Office candidate is seeking or currently holding <i>Cass County Commosn - Dist 1</i>			
Candidate address (street address or post office box) <i>1103 2nd St N</i>		City <i>Mayo</i>	State <i>ND</i>
		Zip Code <i>58102</i>	
Name of person completing this report <i>Chad Peterson</i>			Daytime Telephone Number <i>701-256-6169</i>

**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	<i>Nov 6 2012</i>	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**

I, <u><i>Chad Peterson</i></u> , certify that I have examined this Campaign Contribution	
Print name of person completing this report	
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.	
	<u><i>Oct 23 2012</i></u>
Signature of person completing this report	Date

**SCHEDULE # 1 - Contributions Received In Excess of \$200**

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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 [REDACTED]		\$ [REDACTED]	[REDACTED]
2		\$	
3		\$	
4		\$	
5		\$	
6		\$	
7		\$	
8		\$	
9		\$	
10		\$	
11		\$	
12		\$	
13		\$	